

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42372

1. PLACE OF DEATH

108 County Verona Registration District No. 875 File No. 176
Township Center Primary Registration District No. 6160 Registered No. _____
City Nevada (No. _____) St. _____ Ward _____

2. FULL NAME

John William Nickenbayer
(a) Residence, No. James Spruce, Mo. St. Ward. _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wife</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 - 1906</u> | | |
| 7. AGE | YEARS | MONTHS |
| <u>27</u> | <u>0</u> | <u>1</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation. |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | |
| FATHER | 13. NAME <u>Mike Nickenbayer</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | |
| MOTHER | 15. MAIDEN NAME <u>Gene Fry</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | |
| 17. INFORMANT <u>Edie Nickenbayer</u> (ADDRESS) <u>James Spruce, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highway grave</u> DATE <u>Dec 28, 1933</u> | | |
| 19. UNDERTAKER <u>Terry Funeral Home</u> (ADDRESS) <u>Nevada, Mo.</u> | | |
| 20. FILED <u>12/28, 1933</u> <u>W. M. Tamm</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1933, to Dec. 26, 1933
I last saw h. alive on Dec. 26, 1933 Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:
Rock slides in coal mine catching him under rock, crushing abdomen. 201G
Date of onset 117

Other contributory causes of importance:
None

Name of operation 201 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) R. B. Wray, M. D.
(Address) Nevada, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W 25 1934

