

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.

MAR 21 1934

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

Do not use this space.

1. PLACE OF DEATH

10 County Boone Registration District No. 71
Township Cedar Primary Registration District No. 5710A
City (No.) St. Ward (No.)

File No. 3914
Registered No. 78

2. FULL NAME

Albert Edwin Nichols

(a) Residence, No. St. Ward.
(Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melinda Nichols
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME William N. Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME L Ann Forbis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Lelia Goreski
(ADDRESS) Oshland

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE Feb 13 1934

19. UNDERTAKER Asplund Hunt
(ADDRESS)

20. FILED Feb 14 1934 B. J. Nichols
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to Feb 12 1934
I last saw him alive on Feb 12 1934 Death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
131
Other contributory causes of importance

Name of operation Chloroform Date of Feb 12 1934
What test confirmed diagnosis? Chloroform Was there an autopsy? no

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? Yes
If so, specify Chloroform
(Signed) H. B. Gray , M. D.
(Address) Oshland Mo

