

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County CarrollRegistration District No. 135Township CarrolltonPrimary Registration District No. 3010City Carrollton (No.)File No. 4211Registered No. 29

St. Ward

2. FULL NAME Dorothy Jean Nicholas

(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 Fe. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 19337. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 9 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Carrollton Mo13. NAME Theodore W Nicholas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo15. MAIDEN NAME Helen Oliver16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo17. INFORMANT (ADDRESS) Theodore W Nicholas Carrollton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Delwit Mo DATE Feb. 23 193319. UNDERTAKER (ADDRESS) Standley Carrollton Mo20. FILED 2-22 1934 W. H. Hasbun Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1934, to Feb. 22, 1934I last saw him alive on Feb. 22, 1934 Death is saidto have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Perinatal (L. C.)Date of onset 7-1-34

Other contributory causes of importance:

Name of operation

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) Charles S. Averb, M. D.(Address) Carrollton Mo

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.

