

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.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Reynolds
Township Wagon
City (No. _____) _____

Registration District No. 748
Primary Registration District No. 0989

File No. 6175

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Henry Thomas Nicholls

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Petters Nicholls</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-9-1868</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Saw mill</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1923</u>		11. Total time (years) spent in this occupation <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
MOTHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT (ADDRESS) <u>Henry Bean</u> <u>Reynolds</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cars Creek</u> DATE <u>2/15</u> 19 <u>34</u>				
19. UNDERTAKER (ADDRESS) <u>Essie Evans</u>				
20. FILED <u>2/14</u> 19 <u>34</u> <u>Essie Evans</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/15 1934, to 2/13 1934
I last saw him alive on 2/2 1934 Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:
Metrol Regurgitation Date of onset _____

Other contributory causes of importance:
Nephritis

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) J. Hall M. D.
(Address) Elmington

