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.

APR 25 1934

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

Do not use this space.

14117

1. PLACE OF DEATH
County St. Louis
Township Central
City [illegible] (No. ..... St. ..... Ward)
Registration District No. 789
Primary Registration District No. 6033-B
File No. .....
Registered No. 98

2. FULL NAME Leslie J Nichols
(a) Residence, No. 8301 Jackson 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddna R. Nichols
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1875
7. AGE YEARS 59 MONTHS 3 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Delphine Hargrave 8301 Jackson
18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ PLACE Volhalla Crem. DATE Apr. 4 1934
19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive
20. FILED 4-3- 1934 H A Boehmer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/2/ 1934
22. I HEREBY CERTIFY, That I attended deceased from 6/6 ....., 19....., to ....., 19.....
I last saw h[illegible] alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

Cancer of the r. testicle, prostate and all adanexia which matastasised into pancrus, causing complete urinary occlusion. Four large calculi in l.ureter

Date of onset

~~Other contributory causes of importance~~:
causing occlusion of l.ureter.
5 Calculi in r. lobe of prostrate.
2 large abscesses in l.kidney.

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Luke B. Tinnon 4/3/34 M. D.
(Address) 3718 Jennings Rd
Coroner St Louis Co., Mo.

Chr.myocarditis, chr. endocarditis, with tricuspid and aortic insufficiency.
Sec; Urinary occlusion ,complete uremia (History of 2 weeks)

This man was not attended by physicians and refused having anything done.Was cared for by Christian science practitioner. History of being ill 2 weeks.