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

Do not use this space.

File No. 17351

Registered No. 41

1. PLACE OF DEATH

County: Linn

Registration District No. 496

Township: Brookfield

Primary Registration District No. 2025

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Rees Elmo Nickerson

(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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 22 1934

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.

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: Cora Rowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1884

7. AGE: Years 50 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookfield Mo

FATHER

13. NAME: Joseph A. Nickerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn County Mo.

MOTHER

15. MAIDEN NAME: Virginia Florence Wyant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn County Mo.

17. INFORMANT (ADDRESS): Floy Nickerson Brookfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Grove Cemetery DATE: May 5, 1934

19. UNDERTAKER (ADDRESS): Rusk Funeral Home Brookfield, Mo.

20. FILED: 5/5/, 1934 J. Shucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1934 to May 3, 1934

I last saw him alive on May 3, 1934. Death is said to have occurred on the date stated above, at 6:10 p. m.

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

Cancer of Rectum — Date of onset 1932

Other contributory causes of importance: None

Name of operation: Colostomy Date of: 1933

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? .....

If so, specify .....

(Signed) J. C. Oyler M. D.

(Address) Brookfield Mo