

DEC 12 1934

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

Do not use this space.

25405-A

## 1. PLACE OF DEATH

County McDonald  
Township Prairie  
City Southwest City (No. \_\_\_\_\_)

Registration District No. 315  
Primary Registration District No. 4311

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Pearl Clara Nichols

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 27 yrs. mos. ds. (If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>G.M Nichols</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19th 1884</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>		<u>4</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</u>
	10. Date deceased last worked at this occupation (month and year) <u>6 months</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN), McDonald County  
(STATE OR COUNTRY) Missouri13. NAME John Wesley Dobbs14. BIRTHPLACE (CITY OR TOWN), McDonald County  
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Catherine Tatum16. BIRTHPLACE (CITY OR TOWN), McDonald County  
(STATE OR COUNTRY) Missouri17. INFORMANT G.M. Nichols  
(ADDRESS) Southwest City Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Southwest City DATE July 25th, 193419. UNDERTAKER Nichols Brothers  
(ADDRESS) Southwest City Mo20. FILED July 27th 1934 John G. Nichols  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23rd 1934  
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 22, 1934  
I last saw h. or alive on July 22, 1934. Death is said to have occurred on the date stated above, at 3:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Cancer of the pancreas  
46 F  
Date of onset Undetermined

Other contributory causes of importance:

Magoo Clinic - Rochester  
Name of operation Exploratory Date of \_\_\_\_\_  
What test confirmed diagnosis? Microscopic 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 G. V. Reynold, M. D.  
(Signed) \_\_\_\_\_(Address) Southwest City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1950  
1951  
1952  
1953  
1954  
1955  
1956  
1957  
1958  
1959  
1960

1961  
1962  
1963  
1964  
1965  
1966  
1967  
1968  
1969  
1970

1971  
1972  
1973  
1974  
1975  
1976  
1977  
1978  
1979  
1980

1981  
1982  
1983  
1984  
1985  
1986  
1987  
1988  
1989  
1990

1991  
1992  
1993  
1994  
1995  
1996  
1997  
1998  
1999  
2000

2001  
2002  
2003  
2004  
2005  
2006  
2007  
2008  
2009  
2010