

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

Do not use this space.

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township Marshall

Primary Registration District No. 3038

City Marshall, Mo.

(No. City Gibson Hosp.)

File No. 27837

Registered No. 92

St. Mo.

Ward

2. FULL NAME Clyde Thomas Nichols

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

29

I

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

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)

Louisiana

MOTHER FATHER

13. NAME

Claude Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

15. MAIDEN NAME Amy Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn.

17. INFORMANT

(ADDRESS)

Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Arrow Rock Cem. DATE July 1934

19. UNDERTAKER

(ADDRESS)

R.W. Campbell

Marshall, Mo.

20. FILED

7/6 - 1934

Walter Heston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1934

22. I HEREBY CERTIFY That attended deceased from held inquest 19July 6 1934

Postaw h. alive on 19

Death is said

to have occurred on the date stated above, at 11 00 a.m.

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

Killed by train # 97 on
the C.A.A. R.R.

Date of onset

He has a sleep on
track.

Other contributory causes of importance:

207 M 507

231

Name of operation ✓

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 intentional Date of injury July 5 1934

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 Run over by train

Nature of injury Rights arm & leg severed

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C.L. Lawless Croner M.D.

(Address)

Marshall 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.

AUG 14 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

