

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

Do not use this space.

30754

1. PLACE OF DEATH SEP 13 1934

County
Township
City St Louis (No. 5843)

Registration District No. 7911
Primary Registration District No. 1003
Enright

File No.
Registered No. 8008
St. Ward

2. FULL NAME Ella W. Nicols

(a) Residence, No. 5843 Enright St., 5 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Charles B. Nicols
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 1 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Easton (STATE OR COUNTRY) Maryland

13. NAME Jacob Williams

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

15. MAIDEN NAME Virginia Waterfield

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

17. INFORMANT C. B. Nicols (ADDRESS) 5843 Enright

18. BURIAL, CREMATION, OR REMOVAL PLACE Maryland DATE Aug 4 1934

19. UNDERTAKER Alexander Ed Sons (ADDRESS) 6175 Delmar

20. FILED AUG - 3 1934 J. H. Braedel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/2/34

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:
164A
Fatal gas poisoning self administered at residence
Date of onset

Other contributory causes of importance:
suicide / 164

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 8/2/34

Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fatal Gas Poi
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold H. Kelly
Date 8/2/34 (Address) Depot

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.

