

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.

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

Do not use this space.

45450

JAN 2 2 1935

**1. PLACE OF DEATH**

County Saline Registration District No. 796 File No. ....  
 Township Marshall Primary Registration District No. 6039 Registered No. 172  
 City (No. Saline, Co. Home) St. .... Ward)

**2. FULL NAME**

(a) Residence No. County Home 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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
75 8 15

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gold miner  
 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) Saline Co Mo.

FATHER  
 13. NAME James H. Nicholson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER  
 15. MAIDEN NAME Lydia Thornton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Rester Nicholson  
 (ADDRESS) Arrow Rock Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Concord Ave Dec 18 1934

19. UNDERTAKER T. W. Campbell  
 (ADDRESS) Marshall Mo.

20. FILED Dec 17 1934 Reubenston  
 Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Dec 16 1934  
 I last saw him alive on Dec 16 1934 Death is said to have occurred on the date stated above, at 6:00 m.

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

Cerebral hemorrhage Dec 1 1934  
824  
1110  
1934  
 Other contributory causes of importance:

Hypertensive pneumonia 6 days

Name of operation Clinical Date of 1934  
 What test confirmed diagnosis? Clinical 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) Reubenston M. D.  
 (Address) Marshall Mo.

