

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

Do not use this space.

APR 1 7 1935

8656

1. PLACE OF DEATH

County Waukegan
Township Buffalo
City Buffalo (No.)

Registration District No. 283
Primary Registration District No. 5402

File No.
Registered No. Ward

2. FULL NAME

John A. Nicklson
(a) Residence No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Amanda Nicklson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>23</u>	<u>10</u>	<u>11</u>	

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 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo.

13. NAME T. M. Nicklson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo.

15. MAIDEN NAME Lettie Karnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo.

17. INFORMANT T. M. Nicklson (ADDRESS) Hollywood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lolo Cemetery DATE Mar 24 1935

19. UNDERTAKER McDaniel Funeral Service (ADDRESS) Douglas Mo.

20. FILED 4-10 1935 C. M. Musson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1935

22. I HEREBY CERTIFY That I attended deceased from Mar 22nd 1935 to Mar 24th 1935

I last saw him alive on March 23rd 1935 Death is said to have occurred on the date stated above, at 3 a. m.

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

Malarial Toxemia Date of onset

Other contributory causes of importance:

Name of operation Date of

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? No

(Signed) D. A. Parker, M. D.

(Address) Concord 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.

