JUN 21 1935

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

Do not use this space.

19685

File No.

Registered No.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township ~~Kaw~~

Primary Registration District No. 1002

City Kansas City (No. St Lukes Hospital St. Ward)

2. FULL NAME William B. Nickels

(a) Residence, No. 3710 Jarboe St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	0	0	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prescott Wright Snider Co

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) Randolph Maine

FATHER

13. NAME Henry Nickels

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

MOTHER

15. MAIDEN NAME Sarrah E. Bailey

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

17. INFORMANT Mrs. Lucy Q. Nickels (ADDRESS) 3710 Jarboe

18. BURIAL, CREMATION, OR REMOVAL Portland Maine DATE 6-14 1935

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED 6/6 1935 M. M. Green Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1935, to June 2, 1935

I last saw him alive on June 2, 1935. Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Perforated appendicitis with peritonitis	5-29-35
Bronchopneumonia (bilateral)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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

If so, specify

(Signed) Lawrence P. Engel, M. D.

(Address) 122 S Prof. Bldg

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.

Prof.