

AUG 17 1935

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

Do not use this space.

23599

1. PLACE OF DEATH

County LewisRegistration District No. 477Township CantonPrimary Registration District No. 4286City Canton, Mo.

File No. _____

Registered No. 22

St. _____ Ward _____

2. FULL NAME

(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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 18707. AGE YEARS 65 MONTHS — DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) 1933 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County, Canton, Mo.13. NAME Fred J. Nicholas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland, Germany15. MAIDEN NAME Louise Hetzler16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Charlie Nicholas, Canton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove Canton, Mo. DATE July 3 - 193519. UNDERTAKER (ADDRESS) F. D. Kelly, Canton, Mo.20. FILED July 6, 1935 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 193522. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1934 to July 1, 1935I last saw him alive on July 1, 1935 Death is saidto have occurred on the date stated above, at 2:00 a.m.

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

Cerebral hemorrhage due to arterio-sclerosis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? noIf so, specify _____ (Signed) P. W. Jennings, M. D.(Address) Canton 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.

