

AUG 20 1935

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

Do not use this space.

23876

## 1. PLACE OF DEATH

County *New Madrid*  
Township *Paris*  
City *Parma* (No. .... St. .... Ward)

Registration District No. *605*  
Primary Registration District No. *5804*

File No. ....  
Registered No. ....

## 2. FULL NAME

*Christene Inez Nichols*

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1935-2-6*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
*No 5 14*

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

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) *MO*

13. NAME *Murray Nichols*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

15. MAIDEN NAME *Ollie Orr*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

17. INFORMANT *Murray Nichols*  
(ADDRESS) *Parma, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Parma Cemetery* DATE *July 21-35*

19. UNDERTAKER *J. C. Knight*  
(ADDRESS) *Parma, Mo.*

20. FILED *7-21* 1935 *W. G. Snow*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 20-35*

22. I HEREBY CERTIFY, That I attended deceased from

*June 10*, 1935, to *July 20*, 1935

I last saw him alive on *July 20*, 1935. Death is said

to have occurred on the date stated above, at *11 P.m.*

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

*Euteric, Diabetes - June 10*

Other contributory causes of importance

Name of operation .....

What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

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) *A. F. Brashers* M. D.

(Address) *Parma, 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.

