

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.

DEC 19 1935

35958

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Intermountain Hotel (No. 10th City Mo.)
 St. _____ Ward) _____

2. FULL NAME Dr. Charles E. Nickson
 (a) Residence, No. 9008 Van Horn Rd 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 5

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

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) May 21 1935 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Ill.

13. NAME John R. Nickson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Caroline Goodenough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Grace Nickson
 (ADDRESS) 9008 Van Horn Rd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wt Washington DATE Nov 10 1935

19. UNDERTAKER Ed Carson Funeral Home
 (ADDRESS) 5-14th St. Mo

20. FILED 11-13- 1935 F. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19 1935 to Nov 6th 1935
 I last saw him alive on Nov 6 1935 Death is said to have occurred on the date stated above, at 7:50 m.
 The principal cause of death and related causes of importance were as follows:
Acute Interstitial Nephritis
Myocardial Infarction
Pulmonary Embolism
 Date of onset Sept 1935

Other contributory causes of importance: mitral regurgitant heart disease double 35 yrs
Pulmonary Embolism 4 yrs 35

Name of operation none Date of _____
 What test confirmed diagnosis fluid 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 of injury in any way related to occupation of deceased? No
 (Signed) George T. Swygler M. D.
 (Address) Independence Mo

