

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.

DEC 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **5618a Easton Ave.**) ..... St. .... Ward)

37572

File No. ....  
 Registered No. **9543**

2. FULL NAME **Harry McNicol**  
 (a) Residence, No. **5618 Easton Ave.** St. **6** 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 (*writes the word*) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bessie D. McNicol**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr 8, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**56 7 5**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Feed & Coal Bus.**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Self**  
 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) **St. Louis, Mo.**

FATHER  
 13. NAME **James McNicol**

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

MOTHER  
 15. MAIDEN NAME **Mary Stewart**

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

17. INFORMANT (ADDRESS) **Bessie D. McNicol**  
**5618 Easton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Nov. 16th, 1935**

19. UNDERTAKER (ADDRESS) **Drehmann Naval**  
**1905 Union Blvd.**

20. FILED **NOV 14 1935** **J. P. Bredeck**  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 13th, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **11-11**, 1935, to **11-13**, 1935.  
 I last saw **h** alive on **11/13**, 1935. Death is said to have occurred on the date stated above, at **2:40 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**angina Pectoris** Date of onset **11/11/35**  
**Cause of Chronic Gastritis unknown**  
 Other contributory causes of importance:  
**Chronic Gastritis**  
**Arterio Sclerosis**

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? .....  
 If so, specify .....  
 (Signed) **John W. Pal**, M. D.  
 (Address) **1492 W. Madison Ave.**

Dr J. D. Joe

1492<sup>a</sup> / for li ment

9-10