

FEB 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Ross  
City Kansas

Registration District No. 399  
Primary Registration District No. 1002

File No. 1520  
Registered No. 51512  
St. 584 Ward

2. FULL NAME John McNichols

(a) Residence, No. 514 Main St. Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 48

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

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) Unknown

FATHER 13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Coroner Office

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirksville Mo. DATE Jan. 24, 1936

19. UNDERTAKER (ADDRESS) Peter B. Lapetina 536 Campbell St.

20. FILED 1/24 19 36 M. M. Grooms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21/36, 19

22. I HEREBY CERTIFY that I attended deceased from 1/21/36, 19, to 1/21/36, 19. I last saw him alive on 1/21/36, 19. Death is said to have occurred on the date stated above, at 11:30 a.m. The principal cause of death and related causes of importance were as follows: Chronic Myocarditis Date of onset

Other contributory causes of importance: None

Name of operation Autopsy Date of 1/21/36  
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? None Date of injury 1/21/36, 19. Where did injury occur? Home (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None  
If so, specify None  
(Signed) [Signature], M. D.  
(Address) \_\_\_\_\_

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.

