

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

Do not use this space.

1979

FEB 19 1936

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township Sunback Primary Registration District No. 5640
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 8

2. FULL NAME

Cecily Cornelia Nicholas

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack Nicholas

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 29 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>72</u>	<u>9</u>	<u>9</u>	<u>9</u>	

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

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) unk.

MOTHER 13. NAME Jones

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

15. MAIDEN NAME Wink

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

17. INFORMANT Joe Cherry, M.D.
(ADDRESS) mt Vernon

18. BURIAL, CREMATION, OR REMOVAL PLACE Buck Camp DATE Jan 9 1936

19. UNDERTAKER H. J. Farbett
(ADDRESS) mt Vernon

20. FILED Jan 9 1936 Blk. A. Holmes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1936

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1936 to Jan 8 1936

I last saw her alive on Jan 8 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Influenza
MM
Other contributory causes of importance:
John Pulmonitis
Date of onset 12-3-35

Name of operation none Date of _____

What test confirmed diagnosis? Cholera 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? no
If so, specify _____

(Signed) Blk. A. Holmes M. D.
(Address) mt Vernon

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

