

MAR 20 1936

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

Do not use this space.

6599

1. PLACE OF DEATH

County Lawrence Registration District No. 467 File No. _____
Township Aurora Primary Registration District No. 4280 Registered No. 11
City Aurora No. 309 West Delta St. _____ Ward _____

2. FULL NAME Rosie Francis Nickles

(a) Residence, No. 309 West Delta St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, 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) Greenforest
(STATE OR COUNTRY) Arkansas

13. NAME Edgar Bolton

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

15. MAIDEN NAME Mary Shackelford

16. BIRTHPLACE (CITY OR TOWN) Hazel Green
(STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs Mary Bolton
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Aurora Mo. DATE Feb, 15 1936

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED 2-14 1936 J.P.O. Bowen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14 1936

22. I HEREBY CERTIFY That I attended deceased from Feb. 10 1936 to Feb. 14 1936

I last saw her alive on Feb. 13 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 Date of onset _____

Other contributory causes of importance: 10

Name of operation none 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? none 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) Thomas S. Miller, M. D.

(Address) Aurora, 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.

