

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.

13960

MAY 15 1936

1. PLACE OF DEATH  
 County Barry Registration District No. 29  
 Township Flat Creek Primary Registration District No. 5036  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hattie A. Nichols  
 (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. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Nichols</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14, 1858</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>1</u>	DAYS <u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Ill.</u>		
FATHER	13. NAME <u>Jim Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
MOTHER	15. MAIDEN NAME <u>not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Lawrence Nichols</u> (ADDRESS) <u>Purdy, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sparses</u> DATE <u>4-5</u> 19 <u>36</u>		
19. UNDERTAKER <u>Blankenship</u> (ADDRESS) <u>Purdy, Mo.</u>		
20. FILED <u>5-10</u> 19 <u>36</u> <u>Geo W. Newman</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28 1936 to Apr. 2 1936  
 I last saw him alive on Apr. 2 1936 Death is said to have occurred on the date stated above, at 6:30 AM.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Mar 28  
Chronic Bronchitis

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chronic Bronchitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) E. E. McDaniel  
 (Address) Caseville, Mo.

