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.

MAY 20 1936

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

Do not use this space.

14803

1. PLACE OF DEATH

County: Greene — Registration District No. 318 — File No.

Township: Springfield — Primary Registration District No. 3001 — Registered No. 330

Springfield Mo (No. Springfield Baptist Hosp St. Ward)

2. FULL NAME Archie Richard Nichols

(a) Residence, No. Noble Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 16, 1926

7. AGE: Years 9 — Months 5 — Days 25 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Okla

FATHER

13. NAME: Lee North

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Cora Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla

17. INFORMANT (ADDRESS): Lee North Noble Mo

18. BURIAL, CREMATION, OR REMOVAL: Washburn Cem PLACE DATE April 11, 1936

19. UNDERTAKER (ADDRESS): Floyd W Gott 639 W Walnut

20. FILED 4-11-36 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1936, to Apr 11, 1936

I last saw him alive on Apr 6, 1936. Death is said to have occurred on the date stated above, at 9 p.m.

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

	Date of onset
General peritonitis	4/6
12/10	

Other contributory causes of importance:

Perforated Appendicitis	4/4

Name of operation: Appendectomy Date of: 4/6/36

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? No

If so, specify

(Signed) Robert Flynn, M. D.

(Address) Springfield