

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

Do not use this space.

MAY 28 1936

16027

1. PLACE OF DEATH

County Marion
Township Miller
City

Registration District No. 547
Primary Registration District No. 5799
(No. RR #3, Palmyra Mo)

File No.
Registered No. 114
St. Ward)

2. FULL NAME

George B. Nickles
(a) Residence, No. RR #3, Palmyra 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1857

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>79</u>	<u>5</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Penn.

MOTHER, FATHER 13. NAME Casper Nickles

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

15. MAIDEN NAME Eva Spall

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

17. INFORMANT Mrs. Mary G. Moody (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cemetery DATE April 16, 1936

19. UNDERTAKER Gas. O. Donald (ADDRESS) Hannibal, Mo.

20. FILED APR 15, 1936 St. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Myocarditis Date of onset

Other contributory causes of importance:

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? Marion Co., Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home Dropped dead in

Nature of injury both room

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Carl E. Schwartz

(Address) Hannibal, Mo.

Corona, Marion Co., Mo.

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.

