

OCT 21 1936

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

Do not use this space.

34810

1. PLACE OF DEATH

County JohnsonRegistration District No. 431

File No. _____

Township _____

Primary Registration District No. 3023Registered No. 115City Warrensburg (No. _____)

St. _____ Ward _____

2. FULL NAME

Charles Hingate Nickels(a) Residence, No. 219 Lobbar 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 <u>M</u>	4. COLOR OR RACE <u>Wk</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>Jennie Bell Nickels</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9, 1854</u>		
7. AGE <u>82</u>	YEARS <u>4</u>	MONTHS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>		11. Total time (years) spent in this occupation <u>83 yrs</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green Ridge Mo.</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs Katie Hancock</u> (ADDRESS) <u>Warrensburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>Sept. 11, 1936</u>		
19. UNDERTAKER <u>W.F. Wilcox Funeral Service</u> (ADDRESS) <u>Warrensburg Mo.</u>		
20. FILED <u>Sept. 11, 1936</u> <u>Eva Bentley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept 9, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>9-8-1936</u> to <u>9-9-1936</u> I last saw him alive on <u>9-8-36</u> , 19____ Death is said to have occurred on the date stated above, at <u>8:35 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u> <u>1/16</u> Other contributory causes of importance: <u>Arteriosclerosis</u> <u>?</u>
Date of onset <u>9-5-36</u>
Name of operation <u>none</u> Date of _____
What test confirmed diagnosis? <u>Physic</u> Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify _____ (Signed) <u>G. J. McKinney</u> , M. D. (Address) <u>G. W. McKinney, Jr.</u>

