MAR 16 1937

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan, Registration District No. 86 File No. 5188

Township Wayne, Primary Registration District No. 5128 Registered No. 7

City (No. 1 Mi. So. Halls, Mo. St. Ward)

**2. FULL NAME** Charles B. Nims,

(a) Residence, No. 1 Mi. So. Halls, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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) Year 1861

7. AGE: YEARS 76 MONTHS Unk. DAYS Unk. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) February 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

FATHER

13. NAME Unknown,

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

MOTHER

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Charles L. Kenman Rushville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirlin Cemetery DATE Feb. 10th, 1937

19. UNDERTAKER (ADDRESS) Heaton Bigelow & Bowman St. Joseph, Mo. Fraternal Home

20. FILED Feb. 9, 1937 B. W. Tadlock M.D. M.H. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 3rd 1937 Ewel

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1937, to ....., 19....

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

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

Date of onset 2/3 37

Arozen Excessive Cold

190

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/3, 1937

Where did injury occur? Halls Mo. (Specify city or town, county, and State)

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

Manner of injury Exposure

Nature of injury Excessive Cold

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

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) St Joseph

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.