APR 22 1937

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

Do not use this space.

File No. 12532

Registered No.

1. PLACE OF DEATH

County McDonald

Township ~~Prairie~~

City Southwest City Mo (No. , St. Ward)

Registration District No. 315

Primary Registration District No. 4311

2. FULL NAME George Martin 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 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17th 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	58		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant, Farmer and Stock Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant and Stock Buyer

10. Date deceased last worked at this occupation (month and year) Sept 1935

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

12. BIRTHPLACE (CITY OR TOWN) Snia Mills, Jackson County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John Franklin Nichols

14. BIRTHPLACE (CITY OR TOWN) Orange County
(STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Jane Margaret Stampi

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

17. INFORMANT John J Nichols
(ADDRESS) Southwest City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Southwest City Mo DATE June 10th 1936

19. UNDERTAKER Nichols Brothers
(ADDRESS) Southwest City Mo

20. FILED 6/18/ 1936 John J Nichols Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th 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 7.15 P.M.

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

	Date of onset
Sarcinoma of the Prostate	

Other contributory causes of importance: None

Name of operation ~~Prostate~~ PROSTATE Date of ~~January 1935~~

What test confirmed diagnosis? Was there an autopsy? No

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) Dr E Rankin Denny M. D.

(Address) Mediacl Arts Building Tulsa Oklahoma

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.