APR 26 1937

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

Do not use this space.

File No. 13082
Registered No.

1. PLACE OF DEATH
County: Putnam
Township: Machen
City: Lucerne (No. ..... St. ..... Ward)
Registration District No. 717
Primary Registration District No. 4429

2. FULL NAME: Martha Lenella Nicholson
(a) Residence. No. Lucerne 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 37 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Nicholson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 4, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeep
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Hendricks County Ind.

PARENTS
10. NAME OF FATHER: James P. Stevenson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER: Nancy Roach
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Harrison County Ky.

14. INFORMANT: R.C. Nicholson
(Address) Lucerne Mo.

15. FILED 3/5, 1937 E. Studebaker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 4th 1937

17. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1937, to Mar 4th, 1937, that I last saw h.e.l. alive on Mar 3rd, 1937, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral insufficiency

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Flu

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) G. A. Steele, M. D.
, 19 (Address) Lucerne Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lucerne Mo
DATE OF BURIAL: Mar 5 1937

20. UNDERTAKER: T. Torrey Funeral Service
ADDRESS: Lucerne Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.