

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

Do not use this space.

15061

1. PLACE OF DEATH **MAY 15 1937**
 County Jackson Registration District No. _____
 Township Kan Primary Registration District No. _____
 City Kansas City (No. 2236 Brighton) St. _____ Ward _____

File No. 1677
 Registered No. _____

2. FULL NAME Mrs. Sarah Frances Nichols
 (a) Residence, No. 2236 Brighton St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 38 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Warren Nichols

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 78 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Calloway County
 (STATE OR COUNTRY) Missouri

13. NAME William Taylor

14. BIRTHPLACE (CITY OR TOWN) Owensburg
 (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Anna Young

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

17. INFORMANT Mrs. Anna Bumgarner
 (ADDRESS) 2236 Brighton Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4-5 1937

19. UNDERTAKER D. W. NEWCOMER'S SONS
 (ADDRESS) 1401 Brush Creek Blvd.

20. FILED 4-3-37 M. M. Coward
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 1937, to 4/2, 1937

I last saw her alive on 4/2, 1937. Death is said to have occurred on the date stated above, at 3:50 P.

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

acute anemia Date of onset 3/20/37
Diabetes Ins.
fractured right hip. 1860 1
 Other contributory causes of importance: 3 yrs ago
fractured right hip. 3/29/37

Name of operation amputation Date of _____
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc. Date of injury 3/29, 1937
 Where did injury occur? at home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury slipped, fell on the floor.
 Nature of injury fractured right hip.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) A. Strout, M. D.
 (Address) 1215 Reilb Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGES should be stated EXACTLY. PHYSICIANS should state EXACTLY.

3i-6600