

MAY 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Bates  
Township East Boone  
City Jefferson (No. \_\_\_\_\_)

Registration District No. 47  
Primary Registration District No. 50.81

File No. 15628  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

DECEASED NAME Robert Franklin 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 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Nichol

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 11 22

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

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) (STATE OR COUNTRY) Bates Co. Mo.

13. NAME Lucius H. Nichol

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Louisa Bagby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hells Co. Indiana

17. INFORMANT E. E. Nichol  
(ADDRESS) Adrian Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Apr 28, 1937

19. UNDERTAKER Creath & Sly  
(ADDRESS) Adrian

20. FILED May 3, 1937 Ethel C. Stephens  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1937

22. HEREBY CERTIFY, That I attended deceased from April 26, 1937 to April 26, 1937

I last saw him alive on April 28, 1937 Death is said to have occurred on the date stated above, at ..... m.

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

Cerebral Hemorrhage Date of onset 4-26-37

Other contributory causes of importance:

Paralysis 82a1 4-26-37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. W. Adams, M. D.

(Address) Adrian Mo

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.

