

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Callaway

Registration District No.

104

Township

Sulton

Primary Registration District No.

5153

City

(No.)

St.

Ward)

File No. 26835

Registered No. 187

2. FULL NAME

Charles Nieker

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Barbara Nieker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 18, 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

80

8

10

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

51 1/2

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

Illinois

13. NAME

Charles Nieker

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

Germany

15. MAIDEN NAME

S K

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

S K

17. INFORMANT (ADDRESS)

Ed Nieker
Sulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Central Church

DATE

July 29, 1937

19. UNDERTAKER (ADDRESS)

W. H. Wallace
Sulton, Mo.

20. FILED

July 29, 1937 R. N. Crews

Registrar.

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

July 28, 1937

22. I HEREBY CERTIFY, that I attended deceased from

Jan 24, 1937, to July 28, 1937

I last saw him alive on July 27, 1937. Death is said

to have occurred on the date stated above, at 12:00 a.m.

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

Geminally Hypostatic Pneumonia
Date of onset July 24-37

Other contributory causes of importance:

Mitral Insufficiency years

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)

(Address)

W. H. Wallace
Sulton, Mo.

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

