

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.

AUG 27 1937

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

Do not use this space.

28082

1. PLACE OF DEATH
County Shelby Registration District No. 678
Township Dawson Primary Registration District No. 5902
City _____ (No. _____) _____ St. _____ (Ward _____)
2. FULL NAME Adolph Nicholas
(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 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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-24-1862
7. AGE YEARS 75 MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
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) 1-9-36
11. Total time (years) spent in this occupation 50 7/2
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Mo
13. NAME Rudolph Nicholas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
15. MAIDEN NAME Elizabeth Struca
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
17. INFORMANT Louise Duffel
(ADDRESS) 2536 Argon St St Louis Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic cem DATE 7-18 1937
19. UNDERTAKER W. R. Kuhlert Jr
(ADDRESS) St James Mo
20. FILED 7-16- 1937 Mrs. W. S. Hays Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16 1937
22. I HEREBY CERTIFY That I attended deceased from July 14th 1937, to July 16th 1937.
I last saw him alive on July 16th 1937. Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:
Nephritis (Chronic) Date of onset 131
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? Natural 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) W. R. Kuhlert Jr, M. D.
(Address) St James Mo

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