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

NOV 23 1937

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

Do not use this space.

38834

File No.

Registered No. 418

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123

Township: Carondelet — Primary Registration District No. 6248 B

City: Jefferson Barracks (No. U.S.VAm. Facility St. Ward)

2. FULL NAME: John M. NIMOCKS

(a) Residence, No. 1135 North 6th St. St., Ward. Milwaukee, Wisc.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: Unkn. 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: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 26, 1864

7. AGE: Years 73 Months 8 Days 20 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Unknown

11. Total time (years) spent in this occupation: --

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Decatur, Mississippi

FATHER

13. NAME: Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known, Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known, Not known

17. INFORMANT: M Schulz Clinical Clerk
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: National Cemetery DATE: Oct. 19, 1937

19. UNDERTAKER: Chas. J. Gates
(ADDRESS) 4107 Finney Ave.

20. FILED: Oct. 18, 1937 L. D. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 25, 1937 to October 16, 1937

I last saw him alive on October 16, 1937 Death is said to have occurred on the date stated above, at 1:45A m.

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

	Date of onset
Pneumonia, broncho	Unkn.

Other contributory causes of importance: None

Name of operation: None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?

If so, specify

(Signed) C. W. HUGHES, Chief Med. Off., M. D.

(Address) VAF Jefferson Barracks, Mo.