

DEC 27 1937

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

Do not use this space.

42135 339

File No. 237 340

Registered No. 668

1. PLACE OF DEATH

County Barton

Registration District No. 665

Township S...

Primary Registration District No. 3082

City S... (No.)

St. Ward)

2. FULL NAME

oral Michals

(a) Residence, No. Warsaw, Mo. R.R. #3 St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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

Bernice Nichols

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

July 13, 1910

7. AGE

YEARS 27

MONTHS

4

DAYS

12

If LESS than 1 day, hrs. or min.

OCCUPATION

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)

Nov. 1937

11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1937, to Nov 25, 1937

I last saw him alive on Nov 25, 1937 Death is said

to have occurred on the date stated above, at 7 p. m.

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

Cerebral hemorrhage

Date of onset

11-25-37

Other contributory causes of importance:

passenger in

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? accident Date of injury 11-25, 1937

Where did injury occur? mouth of railroad on 65

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on highway by about 6 mile mark

Manner of injury car struck water

Nature of injury head injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) M. P. Stutz M. D.

(Address) St. Louis, Mo.

Registrar.

MOTHER FATHER

13. NAME

George F. Nichols

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

Camden County Mo.

15. MAIDEN NAME

Emma Martin

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

Camden County Mo.

17. INFORMANT

Allen Templeton

(ADDRESS) Warsaw, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Ridge Cem. DATE Nov. 28, 1937

19. UNDERTAKER

(ADDRESS) C. M. White

20. FILED

11-27-37 J. J. Black

