

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

56 County Lewis
Township Pylon
City..... (No.....) (Ward.....)

Registration District No. 483
Primary Registration District No. 3347

File No. 45886
Registered No.

2. FULL NAME

Kenneth Eugene Nicklos
(a) Residence, No. William Stuberus 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13, 1937
7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, 14 hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Adair Co mo |

FATHER 13. NAME Loyd Nicklos |

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co mo |

MOTHER 15. MAIDEN NAME Cornelia Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co mo

17. INFORMANT Loyd Nicklos (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Ruffard cemetery DATE Dec 15, 1937

19. UNDERTAKER Paul H. Barkley (ADDRESS) Linton Missouri

20. FILED Dec 16, 1937 ms D. B. Spear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1937, to Dec 14, 1937.
I last saw him alive on Dec 14, 1937. Death is said to have occurred on the date stated above, at 8:15 P.m.

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

Premature

Date of onset

Other contributory causes of importance:

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) W. C. E. Todd, M. D.
(Address) William Stuberus

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.

