

JAN 19 1938

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

Do not use this space.

56

File No. ~~456187~~  
Registered No. 75- Ward

1. PLACE OF DEATH  
49 County Jackson Registration District No. 401  
Township Washington Primary Registration District No. 5558  
City Keosauqua (No. .... St. .... Ward)

2. FULL NAME Jermiah Nichols 242  
(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Sylvia Nichols</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 28, 1845</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>3</u>
	DAYS <u>4</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1-1-38</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
FATHER	13. NAME <u>Robert Nichols</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>unt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Mrs. Jermiah Nichols</u> (ADDRESS) <u>Grandview, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood, Clinton</u> DATE <u>Jan 4</u> , 19 <u>38</u>		
19. UNDERTAKER <u>E. K. ...</u> (ADDRESS) <u>Grandview, Mo</u>		
20. FILED <u>1-8-</u> 19 <u>38</u> <u>Mo</u> <u>J. Brennan</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to Jan 1, 1938  
I last saw him alive on Jan 1, 1938. Death is said to have occurred on the date stated above, at 9:15 am.  
The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
Hypertrophic prostate  
Atherosclerosis  
Date of onset: ?  
? ?  
Other contributory causes of importance:  
Senility

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? no  
If so, specify .....  
(Signed) J. P. ...  
(Address) Grandview, Mo

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

92-31-4