

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

3873
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034 Registered No. 229
 (c) City Moberly (d) Street No. Woodland Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Birddella Mae Nichols 2. U. 2

(a) Residence, No. 1003 Franklin St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **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 J. C. Nichols
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23rd 1879
7. AGE YEARS 58 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Kas
13. NAME Joecyris Shroyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data
15. MAIDEN NAME Elizabeth Nichols
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
17. INFORMANT (ADDRESS) J. C. Nichols Moberly
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE Feb 2nd 1938
19. FUNERAL DIRECTOR (ADDRESS) Mahan and Son Moberly, Mo
20. FILED Feb. 1 1938 Ethel Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31st 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1938, to Jan. 31, 1938
 I last saw her alive on Jan 31, 1938. Death is said to have occurred on the date stated above, at 2:28 P.M.
 The principal cause of death and related causes of importance were as follows:
Cancer of body of uterus
 Date of onset _____
 Other contributory causes of importance: 48
 Name of operation Hysterectomy Date of Jan 31/38
 What test confirmed diagnosis? Microscope 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 No
 (Signed) R. D. Streetor, M. D.
 (Address) Moberly, Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I, Frank D. DeWitt, Licensed Embalmer No. 3021

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Frank D. DeWitt

Licensed Embalmer No. 3021

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)