

FEB 16 1938

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

Do not use this space.

27

1. PLACE OF DEATH

96
5
2

County St. Louis
Township Bonhomme
City Kirkwood

Registration District No. 96
Primary Registration District No. (No. 125 W Bodley ave)

File No. 4045
Registered No. 193
St. _____ Ward)

2. FULL NAME Robert W Nichols 242

(a) Residence, No. 125 W Bodley Ave St. _____ Ward. _____

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gladys Nichols

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1938, to 1-29, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4 1889

I last saw h. alive on 1-29, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 2 25

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realestate

Ca. sigmoid
2 ary adenoma
40
Date of onset 1937
1937

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

Other contributory causes of importance:
massive intestinal hemorrhage 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? Ct finding Was there an autopsy? no

FATHER 13. NAME Robert M Nichols

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

MOTHER 15. MAIDEN NAME Eliza Mary Nichols

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

17. INFORMANT Anna K. Nichols
(ADDRESS) 7812 Delmar Blvd U. City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellfontaine Cem DATE 1-31-38

19. UNDERTAKER Louis Popp
(ADDRESS) 131 W Kirkwood

20. FILED 179 1938 Missouri

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) J. P. Pollock M. D.
(Address) Kirkwood 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.

