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

Do not use this space.

REC'D MAR 14 1938

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1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 5537

Township Kans — Primary Registration District No. 1002 — Registered No. 603

City Kansas City (No. Trinity Lutheran Hospital St. ..... Ward)

2. FULL NAME Chester A. Nicholson 242

(a) Residence, No. Drawnell, Kansas St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude M. Nicholson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1862

7. AGE: Years 75 Months 10 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Merchant

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) Iowa

FATHER

13. NAME R. L. Nicholson

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

MOTHER

15. MAIDEN NAME No Record

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

17. INFORMANT Mrs Maude Nicholson
(ADDRESS) Drawnell, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osborne, Kansas DATE Feb. 7 1938

19. UNDERTAKER Shutz Funeral Home
(ADDRESS) 4376 Broadway K.C. Mo

20. FILED 2/6 1938 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1938, to Feb 5, 1938

I last saw him alive on Feb 5, 1938. Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
Cardiac Failure	
Pulmonary Edema	
Hypertrophy Prostate	
Malignant	

Other contributory causes of importance: 137

Name of operation Resection Prostate Date of Feb 4-38

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) G. B. Arnold M.D., M. D.

(Address) 1016 Rialto

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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