

REC'D JUN 20 1938

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

Do not use this space.

1. PLACE OF DEATH
 County MOYKAN
 Township Moreau
 City VERSAILLES, Mo. (No. _____)

 Registration District No. 598
 Primary Registration District No. 7355

 File No. 18943
 Registered No. 17
2. FULL NAME

(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 46 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 EMMA B. Hardy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1882
 7. AGE YEARS 56 MONTHS 3 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Grocery Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 25 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humansville, Mo.13. NAME William P. Nichols14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida15. MAIDEN NAME Lou Elizabeth Barnes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT (ADDRESS) Mrs Fred Nichols Versailles, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE VERSAILLES City Cem DATE June 10 3819. UNDERTAKER (ADDRESS) W. F. Redwell Versailles, Mo.20. FILED 6-18 38 Will F. Barry, Jr. Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1938
 I HEREBY CERTIFY, That I attended deceased from June 4 1938, to June 8 1938.
 I last saw him alive on June 8 1938. Death is said to have occurred on the date stated above, at 3:30 pm.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion (Date of onset 6/4/38)

Other contributory causes of importance:

Diabetes Mellitus (Date of onset 3-4 yrs ago)

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 W. G. Gunn

(Signed) _____, M. D.

(Address) Versailles Mo

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

Every doctor or informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

