

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

21427
 Do not use this space.

REC'D JUL 19 1938

1. PLACE OF DEATH
 (a) County Butler Registration District No. 89
 (b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 115
 (c) City Poplar Bluff (d) Street No. _____ St. _____
 (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 Phillip Nichols 242
 (a) Residence, No. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 4 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stock dealer
 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) Elvins, Missouri

FATHER
 13. NAME Steve Nichols

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

MOTHER
 15. MAIDEN NAME Unknown

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

17. INFORMANT Helen Dush
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE County Farm DATE June 21, 1938

19. FUNERAL DIRECTOR Greer-Croy Service
 (ADDRESS) Poplar Bluff, Missouri

20. FILED June 21, 1938 Obituary 1938
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 m. P.M.
 The principal cause of death and related causes of importance were as follows:

Hemorrhage and shock.
Amputation of both legs above knees, by railroad train.
 Date of onset _____
 Other contributory causes of importance: 20' E

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 20

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury June 18, 1938
 Where did injury occur? Poplar Bluff, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. industry while on train
 Manner of injury Ran over by Rail Road train
 Nature of injury Amputation both legs

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Greer W Greer Coroner
Poplar Bluff, 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.

STATEMENT BY LICENSED EMBALMER

I, Grover W. Greer, Licensed Embalmer No. 2064

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

Grover W. Greer

Licensed Embalmer No. 2964

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.)