

REC'D JUL 17 1938

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

Do not use this space.

23035

1. PLACE OF DEATHCounty *Dalney*Registration District No. *796*

Township

Primary Registration District No. *3138*City *Marshall Mo.*(No. *Mo.*)State *State School*

File No.

Registered No. *92*

St.

Ward

2. FULL NAME *Theodore Nichols*(a) Residence, No. *Carrallton Mo.*

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. *4* mos. *11* ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX***Male***4. COLOR OR RACE***Negro***5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)***Single***5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *July 3 1930***7. AGE**YEARS *7*MONTHS *11*

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.****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****12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Carrallton Mo.***MOTHER FATHER****13. NAME** *Theodore Nichols***14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Dewitt Mo.***15. MAIDEN NAME** *Helen Oliver***16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Carrallton Mo.***17. INFORMANT (ADDRESS)** *File - State School***18. BURIAL, CREMATION, OR REMOVAL**PLACE *Mo. State School*DATE *6-6-38***19. UNDERTAKER (ADDRESS)** *D. Ferguson***20. FILED** *6-6-38*

DATE

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *June 4 1938***I HEREBY CERTIFY** That I attended deceased from *Jan 11 1938* to *June 4 1938*I last saw him alive on *June 4 1938*. Death is said to have occurred on the date stated above, at *1:30* p. m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Little Disease

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.....

(Signed) *C. J. McConnell*, M. D.(Address) *Marshall Mo.*

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.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

DATE: 10/15/64

RE: [Illegible]

10-15-64
[Illegible]