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.

REC'D JUL 25 1938

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

Do not use this space.

23068

1. PLACE OF DEATH
County Scott
Township Kelso
City ~~Near Chaffee~~ (No. ..... St. ..... Ward)

Registration District No. 816
Primary Registration District No. 6065

File No. .....
Registered No. 15

2. FULL NAME RHODA NICKELSON 242
(a) Residence, No. 614 Main ~~614 Main~~ St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Marion Nicholson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7-1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Libertyville Mo

FATHER
13. NAME John Hudson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Mo

MOTHER
15. MAIDEN NAME Tulla Upchurch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mark C Hill Mo

17. INFORMANT (ADDRESS) Tulla Upchurch Mark C Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE W. P. Cem. Chaffee Mo DATE May 26 1938

19. UNDERTAKER (ADDRESS) Clyde Stubbs Chaffee Mo

20. FILED 6/26 1938 W. O. Finney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24, 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 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy 8 Jul	

Other contributory causes of importance:
Calcimated coating in arteries causing high blood pressure

~~Name of operation~~ ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? No

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) John F. Nunnelee Jr.
735 (Address) Coroner Scott Co Charleston, Mo.