REC'D AUG 8 1938

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

399

Do not use this space.

24242

1. PLACE OF DEATH
County: Jackson — Registration District No.: 1002 — File No.:
Township: Kaw — Primary Registration District No.: — Registered No.: 2747
City: Kansas City (No. 2328 Merrington St. Ward)

2. FULL NAME: Ernestine Nickell

(a) Residence, No. 2328 Merrington St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Nickell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 31 1849

7. AGE: Years 88 — Months 10 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework
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: all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: Gottlieb Schulduke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Paul Graupner 3328 Merrington

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood Cem. DATE: 7-8 1938

19. UNDERTAKER (ADDRESS): Suddarth & Malum

20. FILED 7-8 1938 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....
I last saw alive on ....19.... Death is said to have occurred on the date stated above, at 5:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
9 d	

Other contributory causes of importance:

Name of operation: Date of:
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?
If so, specify:
(Signed) Milton H. Burke M. D.
(Address) Gen. Hosp. K.C. 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.

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

100M-11-33