

REC'D AUG 8 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

24386  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3701 Jefferson Registered No. 2891  
 (If death occurred in Hospital or Institution, write its name instead of street and number) 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

James Harvey Nichols 240  
 (a) Residence, No. 3701 Jefferson 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 Unknown 1857

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1857

7. AGE YEARS 81 MONTHS 1 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Photographer  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

FATHER 13. NAME Robert Thomas Nichols

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

MOTHER 15. MAIDEN NAME Mary Ann Howe

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

17. INFORMANT Mrs. Fred Dischman (ADDRESS) 3701 Jefferson

18. BURIAL - CREMATION, OR OTHER PLACEMENT Funeral  
 PLACE July 18, '38 Elmwood Cemetery

19. FUNERAL DIRECTOR (NAME) R. V. Lindsey & Sons (ADDRESS) 3811 Brdy. K.C. Mo.

20. FILED July 18, 1938 M. M. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1938

22. I HEREBY CERTIFY That I attended deceased from June 26, 1938, to July 16, 1938

I last saw him alive on July 16, 1938. Death is said to have occurred on the date stated above, at 9 A. m.

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

Staphylococci Septicemia ✓ Date of onset

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Wassermann 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) M. M. Brown, M. D.

(Address) 718 - W - 38 St.

36  
Permit

STATE OF TEXAS  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

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

Do not use this space. *✓*

**1. PLACE OF DEATH**

County Jackson  
Township M.C.  
City M.C. No. \_\_\_\_\_

Registration District No. 294  
Primary Registration District No. 1002

File No. 24386  
Registered No. 2891  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James H. Nichols  
(a) Residence, No. 3701 Jefferson, Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Wid.  
(write the word)

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 17, 1938

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

**22. I HEREBY CERTIFY** That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
81 1 28

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

**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**

Staphylococcic Septicemia due to invasion of Staphylococci Bacilla through a skin injury caused by blood stream under foot was affected particularly arm & leg  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: None.

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

N.M.O Mo

**13. NAME**

Name of operation None Date of \_\_\_\_\_

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

What test confirmed diagnosis? Nitroblue Was there an autopsy? No

**15. MAIDEN NAME**

**23. If death was due to external causes (violence), fill in also the following:**  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

**17. INFORMANT (ADDRESS)**

Manner of injury \_\_\_\_\_

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

Nature of injury \_\_\_\_\_

**19. UNDERTAKER (ADDRESS)**

**24. Was disease or injury in any way related to occupation of deceased?**  
If so, specify \_\_\_\_\_

**20. FILED** July 18, 38 Dr. M. Grome Registrar.

(Signed) A. M. Hutchison, M. D.  
(Address) 719 W. 38th

