

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

Do not use this space.

REC'D OCT 19 1938

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Washington Primary Registration District No. 3011
 City (No. _____) St. _____ Ward _____

File No. 32001
 Registered No. 128

2. FULL NAME

Russell Holt Nicholson Ward _____

(a) Residence, No. 4 mi west of Peasany

(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

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 1 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In School

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) Clay Co. Mo.

13. NAME Fred B. Nicholson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

15. MAIDEN NAME Eulah Elizabeth Holt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

17. INFORMANT Fred B. Nicholson (ADDRESS) Clay Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carronier DATE Sept 3, 38

19. UNDERTAKER Westport (ADDRESS) Ex. 3321

20. FILED Sept 6, 1938 Lorena M. Craven Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1938, to _____, 1938

I last saw him alive on 9-2, 1938. Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Pulmonary Tuberculosis Date of onset Dec 1927

Other contributory causes of importance: _____

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 _____, 1938

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) August B. Holman, M. D.

(Address) Excelsior Springs, Mo.

WRITE PLAINLY WITH UNBOLDING INK—THIS

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11/5/38