

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 NOV 21 1938

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

Do not use this space.

31089
34652

1. PLACE OF DEATH

County Jackson
Township Kansas City
City 242

Registration District No. 399
Primary Registration District No. 100
(No. St. Joseph Hospital)

File No. 3988
Registered No. 3988
St. _____ Ward _____

2. FULL NAME Baby Nichols

(a) Residence, No. 52 so. Bethany St. _____ Ward _____
(Usual place of abode)

Kans City, Ks
(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 Fem. 4. COLOR OR RACE White 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) Oct. 11, 1938

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

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

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) Kansas City 0
(STATE OR COUNTRY) Missouri 1

13. NAME Paul G. Nichols 1

14. BIRTHPLACE (CITY OR TOWN) Kansas City 1
(STATE OR COUNTRY) Kansas

15. MAIDEN NAME Winifred Sullivan

16. BIRTHPLACE (CITY OR TOWN) Boggy Depot
(STATE OR COUNTRY) Oklahoma

17. INFORMANT Paul G. Nichols
(ADDRESS) 52 so. Bethany

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE Oct. 12 38

19. UNDERTAKER Geo. H. Long
(ADDRESS) Kansas City, Kansas

20. FILED Oct 12, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1938

22. I HEREBY CERTIFY, That attended deceased from Oct 11, 1938, to Oct 11, 1938

I last saw her alive on Oct. 11, 1938. Death is said to have occurred on the date stated above, at 4.30 p.m.

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

Hydrocephalus
1570

Date of onset

Other contributory causes of importance: Hydrocephalus

Name of operation Obit 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) Thomas A. Rymer M.D.
(Address) 214 Withman 1938

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