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

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 DEC - 1 1938

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

Do not use this space.

40551

1. PLACE OF DEATH

104 County Stone. 2 Registration District No. 845.

Township James. Primary Registration District No. 6109.

City ..... (No. 1 ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME 212 Mary Margaret Nickerson.

(a) Residence, No. Reeds Spring Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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: Joshua Nickerson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14, 1851

7. AGE: YEARS 87 MONTHS 9 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Illinois. 1

FATHER

13. NAME: William Clark.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "Unknown" 9

MOTHER

15. MAIDEN NAME: Maggie Mackley.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "Unknown" 9

17. INFORMANT (ADDRESS): W. J. Garrigus, Reeds Spring, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nickerson Cemetery DATE 11/29/ 1938

19. UNDERTAKER (ADDRESS): Oscar Dooling (acting)

20. FILED Dec 1, 1938 L S Shumate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 29, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1938, to Nov. 24, 1938

I last saw her alive on Nov. 24, 1938 Death is said to have occurred on the date stated above, at 5 A.m.

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

	Date of onset
Arteriosclerosis and Cerebral Hemorrhage.	

Other contributory causes of importance: 8 2 1

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 ....., 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) G. E. Miller 1 M. D.

(Address) Blue Eye, Mo.

RE[illegible]
Dis[illegible] [illegible]th Officer No. 6,
District [illegible] 6-38-684
Date [illegible] DEC 7 1938