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.

DEC JAN 2 0 1939

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

44212
Do not use this space.

1. PLACE OF DEATH
(a) County Ralls. 2 Registration District No. 727
(b) Township 1 Primary Registration District No. 4433. Registered No.
(c) City Perry, (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 242 Margaret E. Nichols.
(a) Residence, No. Perry, Missouri. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Nichols.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept, 9, 1866.
7. AGE: YEARS 72 MONTHS 3 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as saw mill, bank, etc. Home.
10. Date deceased last worked at this occupation (month and year) Dec, 3, 1938
11. Total time (years) spent in this occupation all.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls, County. Missouri. 0

FATHER
13. NAME: David Strickler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia. 1

MOTHER
15. MAIDEN NAME: Nancy Lucas.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia. 1

17. INFORMANT (ADDRESS): Wm Nichols. Perry, Missouri
18. BURIAL ~~CREMATION OR REMOVAL~~ PLACE Lick Creek. DATE Dec, 15, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Clyde C. Wilkey. Perry, Missouri.
20. FILED 12/15, 1938. Clyde C. Wilkey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 12, 1938.
22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1938, to Dec 13, 1938
I last saw her alive on Dec 13, 1938. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
influenza	Dec 1-38
93 A'	

Other contributory causes of importance: myocarditis, weakness

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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Perry Mo

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-983
Date Filed 1-14-39

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, Clyde C. Wilkey, or by .....

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

Signed Clyde C. Wilkey

Licensed Embalmer No.....

P. O. Address Perry, Mo.

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

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