

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 MAR 10 1939

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

Do not use this space.

1. PLACE OF DEATH

56 County Lewis  
Township Canton  
City 242 (No. 242)

Registration District No. 477  
Primary Registration District No. 5641

File No. 7053  
Registered No. 11

2. FULL NAME David Lee Nichols

(a) Residence, No. 242 St. David Lee Nichols 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 8, 1891</u>		
7. AGE	YEARS	MONTHS
	<u>47</u>	<u>1</u>
		DAYS
		<u>18</u>
		If LESS than 1 day, <u>                    </u> hrs. or <u>                    </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Manager</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>North Shore Flour Co. Evanston, Ill.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 14, 1938</u>	11. Total time (years) spent in this occupation <u>20</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canton Missouri</u>
	13. NAME <u>Richard Nichols</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Sarah Elizabeth Huner</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis County Missouri</u>
17. INFORMANT (ADDRESS) <u>Mrs. Maggie Eaton Canton, Missouri</u>	
18. BURIAL, CREMATION, OR REMOVAL—	
PLACE <u>Canton, Mo.</u>	DATE <u>February 28, 39</u>
19. UNDERTAKER (ADDRESS) <u>Earl H. Barkley Canton, Mo.</u>	
20. FILED <u>Feb. 28, 1939</u>	<u>H. W. Harris</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1938, to 2/26 /39, 19                      
I last saw him alive on 2/26, 1939. Death is said to have occurred on the date stated above, at 12: Noon  
The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
Had a stroke several months ago and the last one 2/26/39  
Date of onset 2/2/39

Other contributory causes of importance:                     

Name of operation none Date of                       
What test confirmed diagnosis?                      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) Dr. Earl Porter M. D.  
(Address) Canton Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-259

Date Filed MAR 8 1939