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.

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

Do not use this space.

APR 18 1939

2

1. PLACE OF DEATH

71

County Morgan

Township Mill Creek

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

Registration District No. 97157

Primary Registration District No. 4578

File No. 11650

Registered No. .....

2. FULL NAME Catherine Elizabeth Nichols

(a) Residence, No. ..... St., ... 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 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 Chas. R. Nichols

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1914

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
24	11	13	

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) 2-27-37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason City Iowa

FATHER

13. NAME George Van Kirk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Myrta M. Neitzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Island Ill

17. INFORMANT (ADDRESS) Charles R. Nichols Syracuse Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Syracuse Mo DATE 3-1- 1939

19. UNDERTAKER (ADDRESS) Jennie E. Richards Tipton, Mo

20. FILED 3/1 1939 Kmw E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1939, to 2/27, 1939

I last saw her alive on 2/26, 1939. Death is said to have occurred on the date stated above, at 6 m.

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

	Date of onset
Thrombo Cytopenic purpura Hachurrhagia	2/1 39

Other contributory causes of importance:

Cerebral emboli	2/26 39

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) Robt. Logle, M. D.

(Address) Thwaite Mo

RECEIVED
District Health Officer No. 7
District File Number 7-35-576
Date Filed 4-14-35