

AUG 10 1939

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

24997
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 71
(b) Township Cedar Primary Registration District No. 5110A Registered No. 26
(c) City _____ (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 242 Edward Everett Nichols

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) June 28/1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 0 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Ira Nichols

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sarah P. Sapp

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Leona Bullard
(ADDRESS) Ashland Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Salem DATE July 10 1939

19. FUNERAL DIRECTOR (NAME) Ashland Jndt. Co.
(ADDRESS) Ashland Missouri

20. FILED Aug 5 1939 Frances Nichols
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1939

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939 to July 8, 1939
I last saw him alive on July 8, 1939 Death is said to have occurred on the date stated above, at 8:00p
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Date of onset _____
Other contributory causes of importance: J.P.V.

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) W.B. Jones, M. D.
(Address) Ashland, Mo.

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, or by.....

..... Wm C. Burnett, Registered Apprentice No.....
working under my personal supervision.

Signed..... Wm C. Burnett

Licensed Embalmer No..... 3564

P. O. Address..... Ashland Missouri

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

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