

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

Do not use this space.

OCT 20 1939

32870

1. PLACE OF DEATH Binn.

County Benton

Township Browning Mo.

City 3170 E. W. Nickell.

Registration District No. 497

Primary Registration District No. 4300

File No.

Registered No. 13

St. \_\_\_\_\_ Ward)

2. FULL NAME Eli W. Nickell

(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 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7, 1855.

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, .....hrs. or .....min. |
|--------|-----------|----------|-----------|--|
|        | <u>84</u> | <u>6</u> | <u>29</u> |  |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer. (Retired)</u> |
|            | 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) Browning Mo.

FATHER 13. NAME D. P. Nickell.

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

MOTHER 15. MAIDEN NAME Pauline Smith.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

17. INFORMANT (ADDRESS) Ben Nickell.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jenkins? DATE 9. 8. 1939

19. UNDERTAKER (ADDRESS) I. W. Hummel. Browning Mo.

20. FILED Sept 30, 1939 Mrs. Lila Williams Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1939, to September 6, 1939. I last saw him alive on September 3, 1939. Death is said to have occurred on the date stated above, at 6 P. M. The principal cause of death and related causes of importance were as follows:

Serility  
Chronic Myocarditis  
93C  
Syphilis  
Date of onset 1925  
8/1/39

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) J. P. McArthur, M. D.  
(Address) Browning Mo.

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.

RECEIVED  
District of Columbia  
District of Columbia  
Date Filed 1039-1300  
OCT 26 1939