

NOV 18 1939

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

36775
Do not use this space.

1. PLACE OF DEATH
 (a) County Madison Registration District No. 626
 (b) Township Dick Primary Registration District No. 3031
 or City Manville Mo. (c) Street No. St. Francis Hospital 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 Harvey Anson Nichols
 (a) Residence, No. 7 W. J. Barnard Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs Opal Nichols

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 27 - 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>28</u>	<u>28</u>	<u>3</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) Bush City Kansas

FATHER
 13. NAME Alex Anson Nichols
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thur Lancaster Kansas

MOTHER
 15. MAIDEN NAME Pearl Massery
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thur Lancaster Kansas

17. INFORMANT (ADDRESS) Mrs Opal Nichols Barnard Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Oct 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home 95 South Main Manville Mo

20. FILED Oct 9, 1939 Mammie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1939 to Oct 9, 1939
 I last saw him alive on Oct. 9, 1939 Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Gun shot of Rt. thigh severe shock Septicemia and Gas.

Other contributory causes of importance:
Septicemia, Compensated hypertensive disease

Name of operation Emp of Rt. leg Date of Oct 8, 1939
 What test confirmed diagnosis: Cholera Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury 1939
 Where did injury occur? At home, Accident (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Shot - Gun
 Nature of injury Shot - Gun

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify W.P. Jackson, M.D. Manville, Mo.
 (Signed) W.P. Jackson (Address) Manville, Mo.

Date of onset
10/11/39

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X10605

REMOVED

Health Officer No. 117

Disse. File Number 1139-1570

Date Filed NOV 16 1939

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.....

W. Sean Campbell....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. Sean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville Mo.

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.