58 JAN 17 1940

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

Do not use this space.

2984

1. PLACE OF DEATH
County Livingston, 2 Registration District No. 5-14 File No. 316
Township Monroe, D Primary Registration District No. 5-6 88 Registered No. 11
City (No. , St. Ward)

2. FULL NAME 2112 Belle 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 20 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. [redacted] WIDOWED, [redacted] (write the word) Widowed,
5A. IF [redacted] WIDOWED, [redacted] (OR) WIFE OF Frank Nichols,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March,-26th-1862
7. AGE YEARS 77 MONTHS 8 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired House Keeper,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeping,
10. Date deceased last worked at this occupation (month and year) June,-1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County, Missouri.

FATHER
13. NAME John Reed,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

MOTHER
15. MAIDEN NAME Baraba Jestis,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,

17. INFORMANT (ADDRESS) J. C. Nichols Ludlow-Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe-Ludlow, DATE Dec.-10th.,1939
19. UNDERTAKER (ADDRESS) E. P. Michael Bragmore Mo.
20. FILED 12-9th, 1939 Leslie L. Ewing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1, 19

22. I HEREBY CERTIFY, That I attended deceased from 1935 to Jan 7, 1939
I last saw her alive on Dec 7, 1939 Death is said to have occurred on the date stated above, at 4 A.M.
The principal cause of death and related causes of importance were as follows:
Senility and
Myocarditis
Date of onset
Other contributory causes of importance: 93 P

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Geo Morse, M. D.
930 (Address) Ludlow 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.

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

X9314

RECEIVED
District Health Officer No. 11
District File Number 140-1965
Date Filed JAN 15 1940

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

2984
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 514
(b) Township Monroe — Primary Registration District No. 3683 — Registered No.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Belle 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): wid

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

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

7. AGE — YEARS: 77 — MONTHS: 8 — DAYS: 15 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE Dec 10 1939

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12-9 1939 Lettie L. Ewing Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from ....., 19.., to Jan 7, 1939
I last saw her alive on Dec 7, 1939. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

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?
If so, specify
(Signed) Geo Moore, M. D.
(Address) Ludlow Mo

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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S-2984