

FILED MAR 16 1942

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

7576

Do not use this space.

1. PLACE OF DEATH

(a) County Ralls, Registration District No. 725
(b) Township _____ Primary Registration District No. 4433 Registered No. 1
(c) City Perry, (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? 2 yrs. mos. ds.

2. PRINT FULL NAME

William Jasper Nichols.
(a) Residence, No. Perry, Missouri. 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) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 0 6

OCCUPATION 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. Unemployed.
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) Kirksville, Missouri.FATHER 13. NAME John Nichols.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri.MOTHER 15. MAIDEN NAME Rachel Nichols. Cash.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri.17. INFORMANT (ADDRESS) Mrs. Malone Harris Perry, Missouri.18. BURIAL, CREMATION, OR REMOVAL PLACE Lick Creek DATE Feb. 13, 194219. FUNERAL DIRECTOR (NAME) (ADDRESS) Olydes Wilkey Perry, Missouri.20. FILED 410 1942 Mrs. Carl Pukinon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1942, to Feb 10, 1942
I last saw him alive on Feb 9, 1942 Death is said to have occurred on the date stated above, at 3:00 AM.
The principal cause of death and related causes of importance were as follows:

Memia
arteriosclerosis
Date of onset 3 day

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) John Brown, M. D.
(Address) Perry, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-42-412

Date Filed MAR 11 1942

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,

Clyde W. Wilkey, or by

Registered Apprentice No., working under my personal supervision.

Signed

Clyde W. Wilkey

Licensed Embalmer No. 3828

P. O. Address Perry 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7576

Registration District No. 725

Primary Registration District No. 4433

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Gall
(b) City or town Perry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William J. Nichols

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 4 1885
(Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 10
Year 1942 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
_____ 19____;
that I have seen him/her live on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to uremia
chronic nephritis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John Brown (M. D. _____)

Address Perry Co. Date signed 4-10-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

