

FILED MAY 28 1942

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

Do not use this space.

18420

## 1. PLACE OF DEATH

County McDonald

Township Prairie

City Southwest City

(No. ...., .....

Registration District No. 315

Primary Registration District No. 5687

File No. ....

Registered No. ....

St. ....

Ward) .....

## 2. FULL NAME

Cora Bell 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

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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

MARRIAGE (OR) WIFE OF

A. R. Nichols

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

June 18, 1868

## 7. AGE

YEARS 73

MONTHS 10

DAYS 5

If LESS than 1 day, ..... hrs. or ..... min.

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

Housekeeper

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At home

## 10. Date deceased last worked at this occupation (month and year)

April, 1942

## 11. Total time (years) spent in this occupation

Lifeti

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

## 13. NAME

Fortunatus Burlingame

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

Ohio

## 15. MAIDEN NAME

Mary Bell

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

Ohio

## 17. INFORMANT (ADDRESS)

Mrs. Gerald Fox  
Jay, Oklahoma

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Southwest City DATE April 24 42  
Cemetery

## 19. UNDERTAKER (ADDRESS)

Nichols Brothers  
Southwest City, Mo.

## 20. FILED

4-24 1942

Carl Henton  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1942

22. I HEREBY CERTIFY, That I attended deceased from 24-12 1942 to 4-23 1942

I last saw her alive on 4-22 1942. Death is said

to have occurred on the date stated above, at 1:15a.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Dry Gangrene of left leg  
Hypertension  
Chronic valvular & Hypertrophy of heart

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)

(Address)

R. B. Armach  
Southwest City, Mo.

M. D.

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 im

006

778

RECEIVED

District Health Officer No. 6,

District File Number 542-749

Date Filed MAY 27 1942