

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

Do not use this space.

14988

1. PLACE OF DEATH

68 County Monteau
1 Township Kaiser
1 City California

Registration District No. 571
Primary Registration District No. 4330

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

John Henry Nichols
(a) Residence. Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3rd 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 9 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

10. NAME OF FATHER John H Nichols

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Lacy Hobbs California Mo

15. EXAMINED BY Apr 25, 1931 Jas. W. Rock
REGISTRAR J. B. R. McLeary & Fred Meyer

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1931

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to April 24, 1931, that I last saw him alive on April 22, 1931, and that death occurred, on the date stated above, at 4:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage -
Right sided paralysis
Arterio Sclerosis
(duration) yrs. mos. 12 da.

CONTRIBUTORY (SECONDARY) g2a
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Edgar A. Kette, M. D.
4/25, 1931 (Address) California Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis Cemetery DATE OF BURIAL 4/25 1931

20. URDERTAKER McLeary & Fred Meyer ADDRESS California

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 27 1931

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