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

Do not use this space.

40948

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: 5929
Township: New — Primary Registration District No.: 3663 — Registered No.: 5929
(City: K.C. Mo. (No.: 504 Belleefontaine St. Ward)

2. FULL NAME: George N. Nichols
(a) Residence. No. 504 Belleefontaine St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna M. Nichols

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 4 - 1866

7. AGE: Years 62 Months 11 Days 15 If LESS than 1 day, ...hrs. or ...min.

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

9. BIRTHPLACE (CITY OR TOWN): Madison County
(STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: James A. Nichols
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Florida
12. MAIDEN NAME OF MOTHER: Mary Snodgrass
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana

14. INFORMANT: Anna M. Nichols
(Address): 504 Belleefontaine

15. FILED 12-21, 1928 M. M. Crowe REGISTRAR
ass't

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 19..., to Dec. 19, 1928, that I last saw h. alive on Dec 8 1928, and that death occurred, on the date stated above, at ... a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Stomach
14 19
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY): Intestinal loss
Blood
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-ray and Surgical Exp
(Signed) Robert Lepper M. D
12-21, 1928 (Address) 101 W. 31st St

*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: Mt. Moriah — DATE OF BURIAL: Dec 21, 1928
20. UNDERTAKER: Mrs Foster — ADDRESS: K.C. 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.

WHEN FILLED OUT, THIS BLANK BECOMES A PERMANENT RECORD

Sapper
Med Art Bldg.
12-2 — 1014
val. ~~8554~~
3400