

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

Do not use this space.

40249

1. PLACE OF DEATH

County Madison
Towship Highland
City..... (No.....)

Registration District No. 622
Primary Registration District No. 5824

File No.....
Registered No. 18
St..... Ward.....

2. FULL NAME Willard Nichols

(a) Residence No..... St..... Ward.....
(Usual place of abode)
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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 4 9

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) Indiana

10. NAME OF FATHER James H. Nichols

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

12. MAIDEN NAME OF MOTHER Elizabeth Martin

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

14. INFORMANT Mrs. Laura Nichols
(Address) Skidmore Mo

15. FILED 12-6 19..... Jan-7-21 C. P. Fruer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4, 1930

17. I HEREBY CERTIFY, That I attended death from Dec 4, 1930, to Dec 4, 1930, that I last saw alive on Dec 4, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute indigestion
11:30

CONTRIBUTORY (SECONDARY) heart
(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.....

(Signed) J. B. Manning, M. D.

Dec 4, 1930 (Address) Skidmore 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 Goaham Mo DATE OF BURIAL 12/6 1930

20. UNDERTAKER Priece Fun Co ADDRESS Maxville 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.

JAN 21 1931

