

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

Do not use this space.

19954

1. PLACE OF DEATH

53 County Laclede
Township Boseman
City St. Louis (No. _____)

Registration District No. 453
Primary Registration District No. 5619

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Mary E Nicks

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	67.	4	12	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Laclede Co. Mo.

FATHER 13. NAME John Bensch

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

MOTHER 15. MAIDEN NAME Mary E Mills

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

17. INFORMANT (ADDRESS) Beathan Brownfield
Brownfield mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nicks Cemetery DATE 6-9-32

19. UNDERTAKER (ADDRESS) R.B. Jeebe
Richland Mo.

20. FILED 7-6-1932 G. D. Hartley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930, to June 7, 1932.

I last saw her alive on June 7, 1932. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Disease of the mitral heart val the mitral value - 92A 92W Unknown

Other contributory causes of importance: Hard work

Name of operation None Date of _____

What test confirmed diagnosis Redside Was there an autopsy? no

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? yes
If so, specify _____

(Signed) H.E. Murphy, M. D.
(Address) Richland 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.

JUN 25 1932

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