FEB 19 1935

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

Do not use this space.

File No. 1599
Registered No. 465

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: St Marys Hospital (No. St Marys Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME John S. Nicholson
(a) Residence, No. St., Ward. Olathe Kans
(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: 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: Mrs Anna Nicholson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 19 1870

7. AGE: Years 64 | Months 10 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Henry Co Iowa

FATHER
13. NAME: Benj. F. Nicholson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dons Knox

MOTHER
15. MAIDEN NAME: Francis M. Neal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT: Hosp Records
(ADDRESS) St Marys Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Lawn Cemetery DATE: Feb 1, 1935

19. UNDERTAKER: Martin W. Fryer
(ADDRESS) Olathe Kansas

20. FILED: 1-30-, 1935 M. M. Crowe Asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1935, to Jan 29, 1935
I last saw him alive on Jan 28, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Carcinoma of Liver	
Primary in stomach	

Other contributory causes of importance:
Bronchial pneumonia 3 days

Name of operation: Date of:
What test confirmed diagnosis? 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?
If so, specify
(Signed) H. L. Allrich, M. D.
(Address) Olathe Kansas

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.