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.

OCT 21 1935

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

Do not use this space.

34982

1. PLACE OF DEATH
County Wayne
Township Mill Spring
City ..... (No. ..... St. ..... Ward)

Registration District No. 895
Primary Registration District No. 6197

File No. .....
Registered No. 10

2. FULL NAME Hurley Ray Nichols

(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 M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1933

7. AGE YEARS 2 MONTHS DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Wayne Co. Mo.

FATHER
13. NAME Raymond Nichols
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co.

MOTHER
15. MAIDEN NAME Edith Leach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo

17. INFORMANT (ADDRESS) Raymond Nichols Mill Spring

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chapel Hill DATE Oct 3 1935

19. UNDERTAKER (ADDRESS) Yates Piedmont

20. FILED Oct 3 1935 Inez Owens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Oct 2, 1935
I last saw him alive on Oct 2, 1935. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Diphtheria

10

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) C. H. Jones, M. D.
(Address) Piedmont Mo.