

JUL 20 1936

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

Do not use this space.

26103

1. PLACE OF DEATH

County Douglas
Township Campbell
City Rome (No. _____)

Registration District No. 974
Primary Registration District No. 5382

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME Henry Taylor Nichols

(a) Residence, No. Rome Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 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 Nettie Nichols

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 Mo. 19

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) 21.2.35 11. Total time (years) spent in this occupation 4.5 yrs

12. BIRTHPLACE (CITY OR TOWN) Mountain Grove (STATE OR COUNTRY) Missouri

13. NAME John Taylor Nichols

14. BIRTHPLACE (CITY OR TOWN) Evings Shade, (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Charlottie Carver

16. BIRTHPLACE (CITY OR TOWN) Evings Shade (STATE OR COUNTRY) Arkansas

17. INFORMANT Lou Hodges (ADDRESS) Roy, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Roads, Mo DATE July 18, 1935

19. UNDERTAKER Clinkingbeard (ADDRESS) Rome, Mo.

20. FILED June 18, 1936 Doris Mendel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29th 1935 to July 17th 1935.

I last saw him alive on July 17th 1935. Death is said to have occurred on the date stated above, at _____ m.

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

Various gangrene

Date of onset

Other contributory causes of importance:

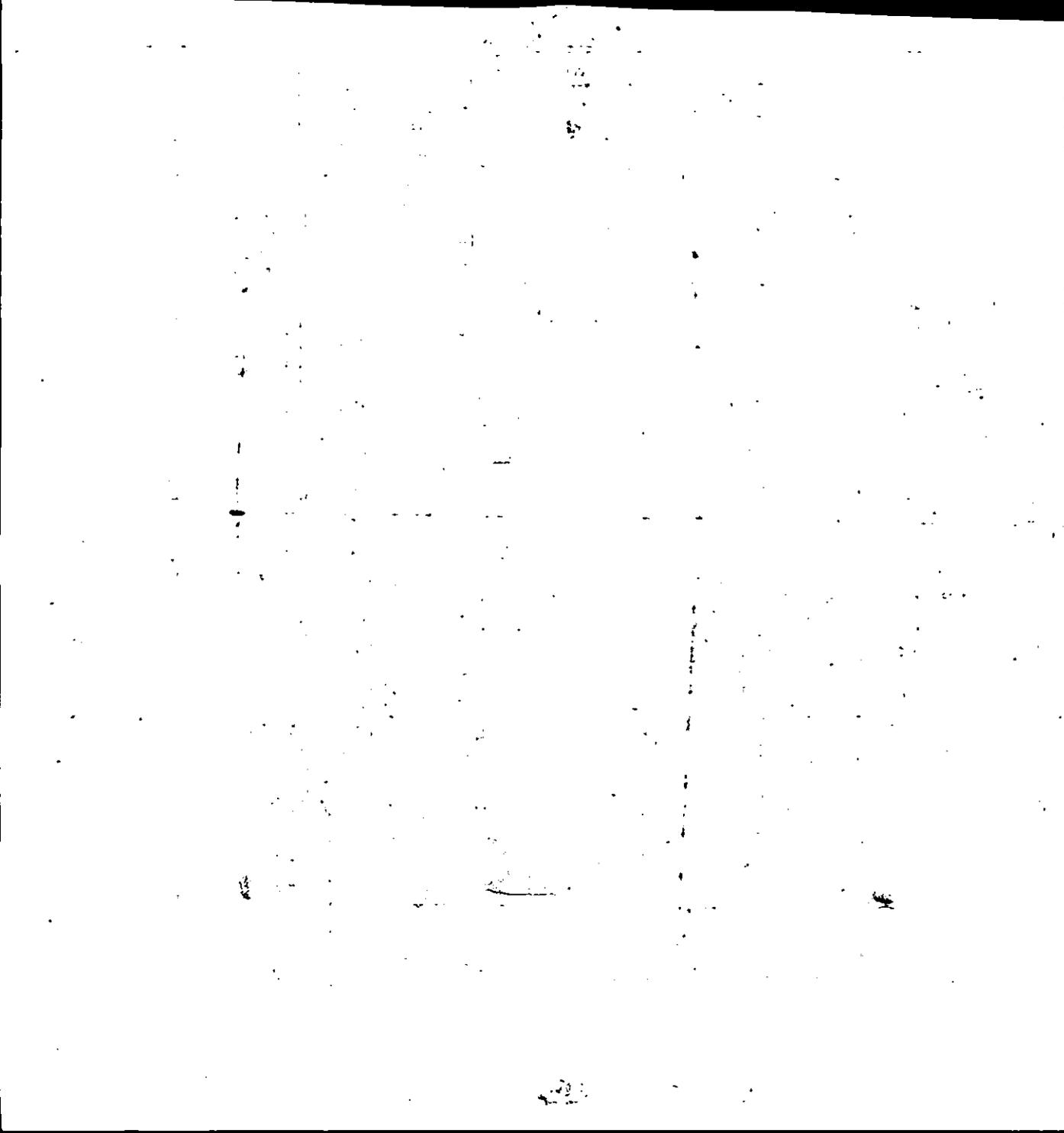
Underwent 2 Operations:
1st - Amputation of foot
2nd - of leg above knee.

Name of operation _____ Date of July 35
What test confirmed diagnosis? Medical 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 Dr. J. C. Ellis, M. D.
(Signed) Rome, Mo.,
(Address)



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1. PLACE OF DEATH

County Douglas Registration District No. 974
 Township Campbell Primary Registration District No. 3387
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Henry Taylor (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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>34</u>	<u>7</u>	<u>19</u>	

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 _____

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED June 18, 1936 Dora Mendel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic jaundice Date of onset _____

had a sore on his foot for near two years. cause of

Other contributory causes of importance:
Sore unknown

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) W. J. C. Ellis, M. D.
 (Address) Rome, Mo.

SUPPLEMENT

5-26103rah

RECEIVED