NOV 4 1936

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

Do not use this space.

39508

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10549

City St. Louis, Mo. (No. St. Lukes Hospital St. ..... Ward)

2. FULL NAME Julia Waters Nichols

(a) Residence, No. 1026 Goodfellow Avenue St., 5 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	4	12	

OCCUPATION

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

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

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) New Hope, Missouri

FATHER

13. NAME Philimore Jackson Waters

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

MOTHER

15. MAIDEN NAME Sarah Ann Crenshaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hope, Missouri

17. INFORMANT (ADDRESS) Eula King 1026 Goodfellow Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elsberry, Missouri DATE October 22, 1936

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED OCT 21, 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936, to Oct 20, 1936

I last saw her alive on Oct 20, 1936 Death is said to have occurred on the date stated above, at 4:20 A.M.

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

Carcinoma of Sigmoid. large bowls and ulteris primarily in uterus

Date of onset

Other contributory causes of importance: Chronic myocarditis 48

Name of operation Colostomy Date of Oct 15/36

What test confirmed diagnosis? Patholog 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) J. S. Homan M.D., M. D.

(Address) 560 2D Elmar ave