

MAR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003
City Hospital No. 2

File No. 8919
Registered No. 2822
..... St. Ward)

2. FULL NAME. Isaac Nichols

(a) Residence, No. 2723 Clark St., 22 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
About 32

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

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

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) Unknown

13. NAME Henry Nichols

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Burial DATE 3-16-37

19. UNDERTAKER (ADDRESS) J. J. James 2039 Wash St

20. FATHER J. J. James Registrar. J. H. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27- 19 37

22. I HEREBY CERTIFY, That I attended deceased from 2-22- 19 37, to 2-27- 19 37

I last saw him alive on 2-27-37. Death is said to have occurred on the date stated above, at 6:35P m.

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

Cerebral Apoplexy 2-22-37

Other contributory causes of importance:
3/4

Syphilis

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) A. S. Lewis, M. D.
(Address) 2945 Lawton

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.

490 33

MAR 13 1937

See affidavits in misc file # 24
1937