

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

Do not use this space.

MAY 19 1937

1. PLACE OF DEATH

285 County Dunklin
Township Ind
City _____ (No. _____)

Registration District No. 289
Primary Registration District No. 5-20-16

File No. 16259
Registered No. _____
St. _____ Ward _____

2. FULL NAME Thomas B Nichols

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

Length of residence in city or town where death occurred 10 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1860

7. AGE YEARS 76 MONTHS 5 DAYS 15 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) June

MOTHER 13. NAME Don't Know

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Don't Know

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT T. B. Nichols
(ADDRESS) Rt 1 Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 5-2 1937

19. UNDERTAKER Dent Service
(ADDRESS) Kennett Mo

20. FILED May 4 1937 H. Hallock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937, to 4-30, 1937

I last saw him alive on 4-28, 1937 Death is said to have occurred on the date stated above, at 1 A. m.

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

Pneumonia Lobar

Date of onset 4-25-37

Other contributory causes of importance: Old age

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? no

If so, specify _____

(Signed) J. M. Brotherton, M. D.

(Address) Kennett Mo

This property consumed. Exact statement of OCCUPATION is very important.

2011/11

10

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