

MAY 27 1937

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

Do not use this space.

File No. 16879

Registered No. 64

1. PLACE OF DEATH

County Livingston

Registration District No. 508

Township

Primary Registration District No. 3026

City Chillicothe

(No. , St. Ward)

2. FULL NAME Mrs. Clara Bell Nichols

(a) Residence, No. 226 Brunswick St., Ward.

(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 Female 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 Albert Nichols

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1904

7. AGE YEARS 32 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Stansberry (STATE OR COUNTRY) Missouri

13. NAME James T. Moore

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

15. MAIDEN NAME Kate Douthard

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

17. INFORMANT Albert Nichols (ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 4-22 1937

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe, Missouri

20. FILED April 21, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to April 20, 1937

I last saw her alive on April 20, 1937. Death is said to have occurred on the date stated above, at 3:32 AM

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

Pneumonia (Tuberc.)

Other contributory causes of importance:

108

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) H. L. Dawell, M. D.

(Address) Chillicothe Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

