

REC'D MAY 18 1938

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

14636

Do not use this space.

1. PLACE OF DEATH

(a) County Bremer Registration District No. 316
(b) Township Springfield Primary Registration District No. 2001 Registered No. 329
(c) City Springfield (d) Street No. Burgess Hospital
(If death occurred in hospital or institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

A. ALLAN NEAL NICHOLSON 242
(a) Residence, No. 1627 S. Florence St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
✓ 0 0 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) Springfield Mo.

FATHER 13. NAME Bruce Nicholson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove Mo.

MOTHER 15. MAIDEN NAME Olive Laura West

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove Mo.

17. INFORMANT (ADDRESS) Bruce Nicholson
1627 S. Florence

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE April 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) Thiemes
Springfield Mo.

20. FILED Apr 16 1938 Chas C. George Local Registrar 290 (Address) Springfield Mo.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938, to April 15, 1938

I last saw him alive on April 15, 1938. Death is said to have occurred on the date stated above, at 7:20 P.M.

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

Pre-Mature Birth Date of onset _____

Other contributory causes of importance: 159

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 _____, 1938

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 Bertum Mays M. D. (Signed) _____

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)