

REC'D JUN 8 1938

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

18598  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jefferson Registration District No. 475  
(b) Township Wray Primary Registration District No. 5380 Registered No. 11-70  
(c) City..... (d) Street No.....  
(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. mths. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. James Monroe Nichols 211<sup>st</sup> 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

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 Bertha Nichols nee  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3-1869  
7. AGE YEARS 69 MONTHS 4 DAYS 0 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. Housework  
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 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Pa.

FATHER 13. NAME Edual Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Pa.

MOTHER 15. MAIDEN NAME Clara Smallbrook

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

17. INFORMANT (ADDRESS) George E. Groh  
Hartford Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Hill Mo. DATE 5/6/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Brumley  
Harris Springs Mo.

20. FILED 14 58 James A. Townsend Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 May 1938

22. I HEREBY CERTIFY, That I attended deceased from 27 Nov 37 to 3 May 38  
I last saw h..... alive on 3 May 38, 1938. Death is said to have occurred on the date stated above, at 12 p. m.

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

Carcinoma Rectum Date of onset

Other contributory causes of importance: 40

Name of operation..... Proctectomy 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 James A. Townsend M. D.  
(Signature) Harris Springs

(Address) Harris Springs

*Handwritten notes and scribbles at the top of the page, including the name "John H. Brunner" and other illegible markings.*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*John H. Brunner*

, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*John H. Brunner*

Licensed Embalmer No. *1470*

P. O. Address *Howe Springs*

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

**If this body is not embalmed, above space should be left blank.**