

REC'D AUG 3 1939

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

25394  
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203  
(b) Township Platte Primary Registration District No. 4122 Registered No. 21  
(c) City Smithville (d) Street No. Smithville Community Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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) Residence, No. 24 Arthur Nichols 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-15-1908  
7. AGE YEARS 31 MONTHS 2 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic  
9. Industry or business in which work was done, as saw mill, bank, etc. Bo. B Rops motor  
10. Date deceased last worked at this occupation (month and year) None Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
Bellefonte, Pennsylvania

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

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sarah Nichols  
6305.10 St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE July 30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tracy Berry Fun.  
2185.10 St. Joseph

20. FILED 7-30-1939 E. C. Hill  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1939

22. I HEREBY CERTIFY That I attended deceased from July 29, 1939, to July 30, 1939.  
last seen alive on July 30, 1939 Death is said to have occurred on the date stated above, at 12:20 m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
Concussion brain  
Contusion head  
Date of onset July 29

Other contributory causes of importance:  
None  
Name of operation None Date of None  
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury July 29, 1939  
Where did injury occur? Highway (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Motorcycle accident  
Manner of injury Motorcycle left highway  
Nature of injury Head injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None  
(Signed) W. E. Spelman, M. D.  
184 (Address) Smithville Mo

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.

St. Joseph, Mo., Aug 3, 1939

E. C. Hill, Local Registrar,  
Smithville, Mo.

Dear Sir:

Answering your letter of Aug 1st, regarding Arthur Nichols, will say; he was born May 15th, 1908 at Belleville, Ill. The name of his father and mother and their places of birth are unknown. He had lived in the state 4 years and was employed by the M.B. Roys Motor Co., ( Dodge agency) as a motor mechanic.

Yours truly,

Tracy Barry Funeral Home

By

*Victoria Barry*

MAY 16 1945

Signed.....

Licensed Embalmer No.....

P.O. Address.....

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.