

REGD OCT 13 1939

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

33009

Do not use this space.

## 1. PLACE OF DEATH

(a) County Mississippi Registration District No. 576  
 (b) Township Tywaddity Primary Registration District No. 5762  
 (c) City Charleston (d) Street No. \_\_\_\_\_ 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. 20 da.

## 2. PRINT FULL NAME

Lela Green Nickson  
 (a) Residence, No. Charleston, Mo 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 <u>Female</u>	4. COLOR OR RACE <u>Color</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CharlestNickson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 3, 1922</u>				
7. AGE	YEARS <u>17</u>	MONTHS <u>5</u>	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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. <u>Housewife</u>			
	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) <u>Hennings, Tennessee</u>				
FATHER	13. NAME <u>Tom Green</u> <u>9</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>			
MOTHER	15. MAIDEN NAME <u>Maggie Laury</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hennings, Tennessee</u>			
17. INFORMANT (ADDRESS) <u>Willie Barbce</u> <u>R#2 Charleston, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cairo, Illinois</u> DATE <u>9/28</u> <u>39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Monrds. Ruffin Funeral Home</u> <u>Cairo, Illinois</u>				
20. FILED <u>9-25-39</u> <u>F. O. Vernon</u> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/24 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-23-1939 to 9-24-1939  
 I last saw her alive on 9-24-1939 Death is said to have occurred on the date stated above, at 8:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchiectasis  
Pulmonary Congestion

Other contributory causes of importance:  
Pulmonary Congestion

Name of operation None 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) W. A. Lugal M. D.  
 (Address) 311 S. Elm St. Charleston, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 20M-9-19-33

I X16805

RECEIVED

District Health Officer No. 2

District File Number 1039221

Date Filled 10-25

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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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

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.**