

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

Do not use this space.

13248

1. PLACE OF DEATH

County Linn
Township
City Chillicothe (No.)

Registration District No. 508
Primary Registration District No. 3026

File No.
Registered No. 174
St. Ward)

2. FULL NAME

Susan A. Nichols

(a) Residence. No. St. Ward.
(Usual place of abode) (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 R. H. Nichols

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	3	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Laurel Co Ky.

10. NAME OF FATHER John McHargus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Elizabeth Ky

12. MAIDEN NAME OF MOTHER Elizabeth Owen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Mrs. Ruth Nichol
(Address) Chillicothe Mo

15. FILED 4/29 1930 Clayton Bassing REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1930 to April 29, 1930 that I last saw her alive on April 28, 1930, and that death occurred, on the date stated above, at 12 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of bow
44B (duration) yrs. mos. ds.
CONTRIBUTORY Arterio-sclerosis, senility (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical analysis

(Signed) J. M. Bassing, M. D.

(Address) Chillicothe Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Spickard Mo 4 30 1930

20. UNDERTAKER ADDRESS

FB Norman Chillicothe

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.

FORM RESERVED FOR BINDING

V. S. NO. 2.

