

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

Do not use this space.

34178

1. PLACE OF DEATH

County Jay
Township Richmond
City Richmond (No. _____, _____ St. _____ Ward)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 69

2. FULL NAME

(a) Residence, No. Co. Home 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) do not know

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
<u>about 70</u>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, 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) Mo

13. NAME Star Nickelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

15. MAIDEN NAME _____

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

17. INFORMANT See Information (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cherry MO DATE 10/13/33

19. UNDERTAKER E. E. Gonyea (ADDRESS) Richmond Mo

20. FILED 11-10 19. 33 E. E. Gonyea Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1933, to 10-10, 1933

I last saw him alive on 10-10, 1933 Death is said to have occurred on the date stated above, at 8 p.m.

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

Cerebral hemorrhage
82
97
Date of onset _____

Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? PE 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. M. Lyfelle, M. D.
(Address) Richmond 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.

NOV 7 1933

