

W. 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.

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

Do not use this space.
39132

1. PLACE OF DEATH

County Shannon Registration District No. 823 File No.
 Township Wanna Primary Registration District No. 6074 Registered No.
 City..... No..... St..... Ward.....

2. FULL NAME

Audrey Lee 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

2. SEX F 4. COLOR OR RACE W 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) Jan 10 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>9</u>	<u>27</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (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) Mo

10. NAME OF FATHER Matthew White N. Nichols

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Shannon Co Mo

12. MAIDEN NAME OF MOTHER Ethel Youngblood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Shannon Co Mo

14. INFORMANT Joe F Youngblood
 (Address) Wanna Mo

15. FILED 11-4, 1928 Mabel Roosen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 7 1928

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died Sunday, Sept about 30 min. has been very frail since birth.
158 (duration)..... yrs..... mos..... ds.

CONTRIBUTORY Not known
 (SECOND) 205 B (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED at home by Dr. Frank Hyde
 IF NOT AT PLACE OF DEATH..... at home Mo

DID AN OPERATION PRECEDE DEATH..... no DATE OF.....

WAS THERE AN AUTOPSY?..... no

WHAT TEST CONFIRMED DIAGNOSIS?..... None
 (Signed) Mabel Roosen M.D.
Nov 8, 1928 (Address) Wanna Mo Reg-

*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 Muscel Chapel DATE OF BURIAL Nov 8 1928

20. UNDERTAKER None ADDRESS

