

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

Do not use this space.

15482

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 124
 Township Boyd Primary Registration District No. 4010
 City Jackson (No.) St. Ward

2. FULL NAME Bertha Olive Nickell
 (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.

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.

JUN 21 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. R. Nickell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1878

7. AGE YEARS 54 MONTHS 0 DAYS 29 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 255

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) near Jackson, Mo (STATE OR COUNTRY) Cape Girardeau Co.

FATHER 13. NAME John Pierce

14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Co. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Charlotte Brooks

16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Co. (STATE OR COUNTRY)

17. INFORMANT N. R. Nickell (ADDRESS) Jackson, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Mt. Pleasant DATE May 17 1932

19. UNDERTAKER M. Coombs Farm Road Co (ADDRESS) Jackson, Mo

20. FILED 5-26 1932 W. G. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:
A revolver bullet wound in her left breast and a quantity of "Merry War" Rye taken internally. Date of onset

Suicide, lived about 30 minutes after shot herself
Other contributory causes of importance

A 38 Cal. Smith & Wesson revolver was used.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? (5)

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?

If so, specify Sherman's apt Coroner
 (Signed) (Address) Jackson, Mo

