

Do not write or stamp anything on face of certificate except in answer to questions asked there.

Form No. 210-6-4-40-50M  
Original Certificate of DEATH

WISCONSIN STATE BOARD OF HEALTH  
Bureau of Vital Statistics

SEP 2 1941  
Local Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Washington  
(b) Township \_\_\_\_\_  
or  
City or Village Wild Rose  
(c) Name of hospital or institution Wild Rose Hospital

2. USUAL RESIDENCE OF DECEASED:  
(a) State Wis (b) County Chippewa  
(c) Township Ampson  
At rural give township  
or  
City or Village \_\_\_\_\_  
(d) Street No. New Auburn Wis. R#3  
(e) If foreign born, how long in U. S. A.?

Reserved for coding
Residence <u>09</u>
Local—Cause of death
State—Cause of death
Age <u>30</u>
Acc. Co.
Acc. Place
Queried
Fee Code
Dr. <u>551</u>
Sub. R. <u>09-06</u>

3. (a) Full Name Eva Jeannette Nichols  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Chas. Nichols 6. (c) Age of husband or wife if alive Deceased years.  
7. Birth date of deceased March 26 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 4 23 hr. min.

9. Birthplace Town of Ampson, Chipp. Co. Wis.  
(City, town, or county) (State or foreign country)

11. Industry or business Housewife  
12. Name of father Wm. Abner Hill  
13. Birthplace Hillburo Wis.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary M. Stebbins  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

(a) Informant Mr. Paige Nichols  
(b) Address Wild Rose, Wis.

17. (a) Burial (b) Date thereof 8/22/41  
(Burial, cremation or other) (Mo.) (D.) (Yr.)  
(c) Place: burial or cremation Imperial Park Co.

18. (a) Signature of funeral director James P. Wankler  
(b) Address Bloomfield, Wis.

19. (a) August 22 1941 (b) J. H. Lowe  
(Date received local registrar) (Registrar's signature)  
(c) Aug 21 1941 (d) J. C. Carter  
(Date received sub-registrar) (Sub-registrar's signature)

MEDICAL CERTIFICATION 469

20. Date of death: Month Aug Day 19 Year 1941  
21. I hereby certify that I attended the deceased from Mar 1 1941  
to 8-20 1941; I last saw her alive on 8-19 1941  
and that death occurred on the date stated above at 11 P.M.

Immediate cause of death: Pulmonary edema & circulatory failure  
Due to metastatic cancer of the brain with pulmonary metastases of the head of the brain  
Other conditions \_\_\_\_\_  
Include pregnancy within 3 months of death

Duration  
2-3 days  
8 months

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

Major findings: Of operation \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Physician Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (b) Date \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City, village or township, county and state)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ While at work? \_\_\_\_\_  
(Specify type of place)  
(e) Means of injury \_\_\_\_\_  
(Fall? Auto? Machinery? etc.)  
23. Signature W. J. Zimmerman (M. D. or other)  
Address Wild Rose Date signed 8-20-41

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Not valid for identification purposes  
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