

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

1 PLACE OF DEATH

County

Township

or

Village

or

City *Spartan* (NO. *13033*)

Registration District No. *701*

File No. *3834*

Primary Registration District No. *1003*

Registered No. *459*

City *Spartan* (NO. *13033*) *City Hospital* *3* Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *John Mickel*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Single*
(Write the word)

6 DATE OF BIRTH *July 16 1877*
(Month) (Day) (Year)

7 AGE *38* yrs. *5* mos. *24* ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Caddy*
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Spartan*

PARENTS 10 NAME OF FATHER *Martin Mickel*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Indiana*
12 MAIDEN NAME OF MOTHER *State Conley*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Indiana*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Edman*
(Address) *City Hospital*

15 Filed *NO 10 1916* *Max C Starkloff* Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH *Jan 9 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Jan 6 1916* to *Jan 9 1916*; that I last saw him alive on *Jan 8 1916*, and that death occurred, on the date stated above, at *12:50* pm.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

CONTRIBUTORY (Secondary) *None*
(Signed) *B. Whipple* M. D.
Jan 9 1916 (Address) *City Hospital*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death *3* yrs. *3* ds. In the State *38* yrs. *3* mos. *3* ds.

Where was disease contracted if not at place of death?
Former or usual residence *2716 N 10*

19 PLACE OF BURIAL OR REMOVAL *Cabany Cem.* DATE OF BURIAL *Jan 11 1916*

20 UNDERTAKER *Muller & Co.* ADDRESS *4069*

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.

