

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

Do not use this space.

19244

1. PLACE OF DEATH
 County Randolph Registration District No. 735
 Township Moberly Primary Registration District No. 3034 File No. _____
 City Moberly No. Wabash Hospital Registered No. 1137 St. _____ Ward _____

2. FULL NAME John E. Icenhower
 (a) Residence No. 700 No Moberly St. 1st Ward. _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. ____ mos. ____ da. How long in U.S., if of foreign birth? yrs. ____ mos. ____ da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX no 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Icenhower

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8th 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 2 _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work RR Gardener
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8th 1927

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1927, to June 8, 1927, that he last saw him alive on June 8, 1927, and that death occurred, on the date stated above, at 11:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Original: Pericarditis
Indefinite (duration) 89 yrs. ____ mos. ____ da.
 CONTRIBUTORY Chronic Myocarditis
 (SECONDARY) Indefinite (duration) ____ yrs. ____ mos. ____ da.

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Samuel Icenhower

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

12. MAIDEN NAME OF MOTHER Mary Steth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs. Mary E. Icenhower
 (Address) Moberly Mo

15. FILED 6/10 1927 Thos. J. Fleming
 REGISTER

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
 (Signed) Dr. R. G. Stimmell, M. D.
6-10-27 (Address) 4457 Woodland Ave Moberly

*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 Moberly Mo DATE OF BURIAL 7-11-27

20. UNDERTAKER Mahan & Son ADDRESS Moberly 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.

JUL 28 1927

