AUG 6 1927

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

Do not use this space.

File No. 21167

Registered No. 449

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 2001

City: Springfield (No. 726 Lincoln St. Ward)

2. FULL NAME: Mrs. S. L. O. Wickiser

(a) Residence. No. 726 Lincoln 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

3. SEX: F

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of S. L. Wickiser

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 10 1842

7. AGE: Years 85 — Months 4 — Days 6 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Studies
(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): Ohio

PARENTS

10. NAME OF FATHER: Osberry Gardner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Va

12. MAIDEN NAME OF MOTHER: Nancy Kunn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia

14. INFORMANT: Myrtle Hunt
(Address): 726 Lincoln

15. FILED: 7/17 27 — C. Hart Merritt, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 16 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h. alive on 7-15-27, and that death occurred, on the date stated above, at 1:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Heart failure

16 yr

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 164

(duration) yrs. mos. ds.

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 Symptoms

(Signed) Henry F. Konrad, M.D.

7/16 1927 (Address) 2609 E. Pound

*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: Hazelwood — DATE OF BURIAL: July 17 1927

20. UNDERTAKER: Owen Lohmeyer — ADDRESS: Funeral Home

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.