

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

Do not use this space.

JAN 4 1928

36645

**PLACE OF DEATH**

County Newry  
Township  
City Windsor (No. \_\_\_\_\_)

Registration District No. 14  
Primary Registration District No. 4211

File No. \_\_\_\_\_  
Registered No. 26  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elmer E. Wickham

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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**

3. SEX <u>Mal</u>	4. COLOR OR RACE <u>Whit</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>1</u>	<u>27</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work R. F. D. Mail Carrier  
(b) General nature of industry, business, or establishment in which employed (or employer) R. F. D. Carrier  
(c) Name of employer U.S. Government

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo.

10. NAME OF FATHER John W. Wickham

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

12. MAIDEN NAME OF MOTHER May Smith

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

14. INFORMANT Miss Ola Wickham  
(Address) Windsor City Mo.

15. FILED Dec 9 1927  
REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1927 to Dec 7 1927 that I last saw him alive on Dec 7 1927, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Indigestion and Volvulus Heart Disease

CONTRIBUTORY (SECONDARY) Widest Regurgitation (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) L. A. Blackmore M. D. 12-5-1927 (Address) Windsor, Mo.

\*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 Windsor Mo. DATE OF BURIAL Dec 9 1927

20. UNDERTAKER W. E. Hester ADDRESS Windsor 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.

