

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

Do not use this space.

12856

1. PLACE OF DEATH

County Bascom
Township Herman
City Herman (No.)

Registration District No. 303
Primary Registration District No. 111

File No.
Registered No.
St. Ward)

2. FULL NAME

Fred Sickgrafa

(a) Residence. No. 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

Male

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

Laura Sickgrafa

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

May 4 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

52

11

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Railroad Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Section Hand

(c) Name of employer

MoPac Ry.

9. BIRTHPLACE (CITY OR TOWN)

Woolson

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Fred Sickgrafa

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Woolson

12. MAIDEN NAME OF MOTHER

Johanna Bolich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Woolson

PARENTS

14. INFORMANT

(Address)

Mrs Laura Sickgrafa
Herman Mo

15. FILED

571 28 MB. Dickson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr 30 19 28

17.

I HEREBY CERTIFY That I attended deceased from Apr 26, 1928, to Apr 30, 1928, that I last saw him alive on Apr 30, 1928, and that death occurred, on the date stated above, at 10:30 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver

4413

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. R. Coughlin, M. D.
19 (Address) Herman 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

DATE OF BURIAL

Herman City Cemetery

4/3 19 28

20. UNDERTAKER

ADDRESS

Herman Bleumer

Herman Mo

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.

