

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

Do not use this space.

32657

1. PLACE OF DEATH

County Andrew
Township Saltaire
City Mexico (No. St. Ward)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 147

2. FULL NAME Mary Bickley

(a) Residence. No. 527 N. Wade St., 2nd Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3, 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>9</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY) Mex.

PARENTS

10. NAME OF FATHER John H. Bickley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Derby Conn.
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Amelia Wade

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

14. INFORMANT Ross M. Biepley
(Address) Pittsburgh Pa.

15. Oct 30 1928 Ina S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 19 - 1928 to Oct 1st 1928 that I last saw her alive on Oct 28, 1928, and that death occurred, on the date stated above, at 2:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

465
Carcinoma
(seems to have
originated in Osseum
Extensive metastasis)

CONTRIBUTOR (SECONDARY) Extensive metastasis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 45
DID AN OPERABLE PRECEDE DEATH? yes DATE OF 9-15-28

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Harrison, M. D.

(Address) Mexico, 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 Elmwood - Mexico Mo. DATE OF BURIAL 10 AM, 30-1928,

20. UNDERTAKER Mo. Pheeters Bro. ADDRESS Mexico 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.

1928

