JAN 28 1929

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

Do not use this space.

42258

1. PLACE OF DEATH
County St. Francois — Registration District No. 773 — File No.
Township St. Francois — Primary Registration District No. 6018A — Registered No. 176
City Near Farmington (No. ..... St. ..... Ward)

2. FULL NAME Daisy May Wickersham
(a) Residence. No. Kirkwood, Mo. 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. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Albertus Wickersham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-8-80

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	3	12	

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

9. BIRTHPLACE (CITY OR TOWN) Portland
(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Geo. W. Christman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jay County
(STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Mary E. Minehart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Licking Co.
(STATE OR COUNTRY) Ohio

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 12-20-1928 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1928, to Dec. 20, 1928, that I last saw her alive on Dec. 20, 1928, and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage (apoplexy) 131
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis + chronic nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 8
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Ralf Hanks, M. D
12-20, 1928 (Address) Farmington 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: Oak Hill Cemetery
DATE OF BURIAL: 12/22 1928

20. UNDERTAKER: Louis H Bopp
ADDRESS: Kirkwood 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.

DEC 17 1959