

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

Do not use this space.

171

1. PLACE OF DEATH

County Bellinger
Township Laramie
City Marble Hill (No.)

Registration District No. 67
Primary Registration District No. 4039

File No.
Registered No. 4
St. Ward)

2. FULL NAME

(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 Mary Wicecarver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 - 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 5 13

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

William Wicecarver

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) State Tenn.

12. MAIDEN NAME OF MOTHER

Marrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) State Tenn.

14.

INFORMANT Jake Wicecarver
(Address) Marble Hill

15.

FILED Jan 14, 1929 Ed Sanders

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 - 1929

17. I HEREBY CERTIFY That I attended deceased from Nov 2, 1928, to Jan 13, 1929 that I last saw him alive on Jan 13, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach

CONTRIBUTORY (SECONDARY)

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?

(Signed) Ed Sanders, M. D.
Jan 14, 1929 (Address) Marble Hill, 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

Marble Hill Jan 15 1929

20. UNDERTAKER

ADDRESS

W. J. Baker Intersmilla

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.

