MAR 26 1929

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

Do not use this space. 7246

1. PLACE OF DEATH,
County Marion — Registration District No. 547 — File No.
Township Marion — Primary Registration District No. 3029 — Registered No. 59
City Hannibal (No. Levering Hospital St. 6 Ward)

2. FULL NAME Thomas W Wickham
(a) Residence. No. 810 Church St., 3 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mildred Wickham
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6, 1867
7. AGE: 62 Years, 1 Months, 22 Days — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Chief of Police
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: glycosuria
9. BIRTHPLACE (CITY OR TOWN) Sangamon County
(STATE OR COUNTRY) Ill
PARENTS
10. NAME OF FATHER: Thomas Wickham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sangamon Co
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER: Margaret Ray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
14. INFORMANT: Mrs Roy Decker
(Address) Hannibal, Mo.
15. FILED 3/1, 1929 C E Strode, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28, 1929
17. I HEREBY CERTIFY, That I attended deceased from Feby 14, 1929, to Feby 28, 1929, that I last saw him alive on 2/28, 1929, and that death occurred, on the date stated above, at 11 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombosis Both femoral arteries & inferior mesenteric due to infection streptococci hemolytics (duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Acute pancreatitis & glycosuria (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Lab
(Signed) W H Hays, M. D
, 19 (Address) Hannibal, 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: Springfield Ill. Oak Ridge Cemetery — DATE OF BURIAL: March 2, 1929
20. UNDERTAKER: James O'Donnell — ADDRESS: Hannibal, Mo