

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

Do not use this space.

X 11514

1. PLACE OF DEATH

County Marion Registration District No. 547
 Townships Masson Primary Registration District No. 3039
 City Hamball (No. 117) H. Woyden St. 76 Ward

2. FULL NAME

Jick Mrs. Lucretia
 (a) Residence. No. 717 N. Woyden St. 76 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Eli Jick Dec
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (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)
Pike Co Missouri

10. NAME OF FATHER John Cunningham
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Missouri
 12. MAIDEN NAME OF MOTHER Elizabeth Davis
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Spain

14. INFORMANT (Address) Arthur Jick Hamball Mo

15. FILED 2/21/29 C. C. Steele REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1929
 17. I HEREBY CERTIFY, That I attended deceased from 3-17, 1929, to 3, 1929, and that I last saw him alive on 3-17, 1929, and that death occurred, on the date stated above, at 9 15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
21 Nephritis chronic
22 Arterio Sclerosis
 (duration) 5 yrs. 5 mos. 5 da.
 (SECONDARY) (duration) 10 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. H. Dealy, M. D.
 , 19 (Address) Hamball 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 Antioch Cem DATE OF BURIAL Mar. 22 1929

20. UNDERTAKER Wm M Smith ADDRESS Hamball

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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