

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

Do not use this space.

**PLACE OF DEATH**

County Henry  
Township Christine  
City Christine (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. 17896  
Registered No. Pa agree  
St. 81 Ward

2. FULL NAME Anderson Hickerson

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. ~~Is~~ MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie Barker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
78 0 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employee)  
(c) Name of employer Anderson Hickerson

9. BIRTHPLACE (CITY OR TOWN) Cooper Co.  
(STATE OR COUNTRY)

**PARENTS**

10. NAME OF FATHER Dart Knorr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dart Knorr  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dart Knorr

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

14. INFORMANT Rosie Barker  
(Address) 406 North Ohio St

15. Scholarship Mrs.  
Filed. .... 19. ....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/20 19 29

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1929, to May 20, 1929, that I last saw him alive on May 18, 1929, and that death occurred, on the date stated above, at 1350 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cystitis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

(DID AN OPERATION PRECEDE DEATH? No. DATE OF 5/21

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Daniel P. Payne, M. D.

(Address) Christine 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

Christine Mo. May 22 19 29

20. UNDERTAKER

Vincent Wilkerson ADDRESS Clinton 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.

