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.

FEB 18 1931

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

Do not use this space.

364

1. PLACE OF DEATH
County Caldwell, Registration District No. 93 File No.
Township Davis, Primary Registration District No. 5138 Registered No. 5
City Braymer, (No. , St. Ward)

2. FULL NAME Emma Jane Van Sickle,
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female,
4. COLOR OR RACE White,
5. SINGLE, [redacted] (write the word) Single,

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, -23" -1856

7. AGE YEARS 74 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewing,
10. Date deceased last worked at this occupation (month and year) Not Known,
11. Total time (years) spent in this occupation NotKnown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

FATHER
13. NAME Seymour Van Sickle,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

MOTHER
15. MAIDEN NAME Hanna McGaffey,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) E. R. Keith Braymer, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Braymer Cemetery DATE Jan. -30" 1931

19. UNDERTAKER (ADDRESS) E. P. Michael Braymer, Mo.

20. FILED Jany 29, 1931 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1930, to January 28, 1931
I last saw her alive on January -28- 1931. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Clasonic Brights — Date of onset 1920

131 131

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ardinal B. Foolsey, M. D.
(Address) Braymer Mo

1931 - 1-28
1833 - 3 - 23

74 10 3