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

Do not use this space.

13618

File No. 41

Registered No. 218

1. PLACE OF DEATH
County Cooper
Township
City Boonville (No. , St. Ward)

Registration District No. 218
Primary Registration District No. 3015

2. FULL NAME Cordula Lena Hickam

(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.

MAY 23 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Hagan Hickam

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24 1889

7. AGE: Years 41 Months 7 Days 24 ~~27~~ If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Goocks Mill, (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER John Oerly
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jamestown, (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Elizabeth Mischler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT Hagan Hickam
(Address) 1616 Locust

15. FILED 4/5 31, 19 G. A. Russell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 18, 1931

17. I HEREBY CERTIFY, That I attended deceased from april 12, 1931, to april 18, 1931 that I last saw h e alive on april 18, 1931, and that death occurred, on the date stated above, at 12:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas of face
from lesion at angle of nose
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) myocarditis
(duration) 1 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? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) T C Beckett, M. D.
4-18. 1931 (Address) Boonville 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: Walnut Grove Cem. DATE OF BURIAL: Apr. 19, 1931

20. UNDERTAKER: Schwitzky & McCrary ADDRESS: Boonville Mo

R. 2.—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.