

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

Do not use this space.

14993

1. PLACE OF DEATH
County Jefferson Registration District No. 574
Township Linn Primary Registration District No. 5722A
City (No.) St. Ward

2. FULL NAME Harold Duane Hickman
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. 1931
Registered No. 26
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 9 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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) Colorado Springs Colorado

10. NAME OF FATHER J. Frank Hickman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Superior Mo

12. MAIDEN NAME OF MOTHER Vernie Hickman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo

14. INFORMANT J. Frank Hickman
(Address)

15. FILED Apr 31 Ellis E. Haik
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 10 to Apr 15, 1931, to Apr 19 that I last saw him alive on Apr 13, 1931, and that death occurred, on the date stated above, at 5 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Influenza
10/6/13 (duration) yrs. mos. da.
CONTRIBUTORY Chronic Bronchitis
(SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Ellis E. Haik M. D.
Apr 18, 1931 (Address) Jamesstown 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
Nickerson Cemetery April 17 1931

20. UNDERTAKER ADDRESS
Charles Fulbrich Jamesstown Mo.

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.

MAY 27 1931

MARGIN RESERVED FOR BINDING

