

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

Do not use this space.
17895

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Rave Primary Registration District No. 1002
City Kansas City (No. Research Hosp)

File No. 2032
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Betty Mae Wicker
(a) Residence, No. 533 1/2 Agnes St. 14 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1925
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 0 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

13. NAME Max Wicker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Ella Betzoff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Max Wicker
3340 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield DATE 5-3-1931

19. UNDERTAKER (ADDRESS) J. P. Lewis
3400 Woodland

20. FILED 5-2-1931 mmh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-1931
22. I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to April 1, 1931.
I last saw h. alive on May 1, 1931. Death is said to have occurred on the date stated above, at 1:20 P.M.
The principal cause of death and related causes of importance were as follows:
Brain Abscess Date of onset

Other contributory causes of importance: 78 178 1

Name of operation Brain Abscess Date of May 18
What test confirmed diagnosis? operation Was there an autopsy? Yes

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Philly S. Ashton, M. D.
(Address) 4400 Argyle Bldg

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

