

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

Do not use this space.
21381

2514

1. PLACE OF DEATH
 County Jackson Registration District No. 300
 Township Raw Primary Registration District No. 3000
 City Kansas (No. Genert Hospital) St. _____ Ward _____

2. FULL NAME Howard Hickerson Hickerson
 (a) Residence. No. 61734 Vine St. M 4 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 M 4. COLOR OF RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 7 14

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

9. BIRTHPLACE (CITY OR TOWN) Joplin
 (STATE OR COUNTRY) MO.

10. NAME OF FATHER Edwans Hickerson

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

12. MAIDEN NAME OF MOTHER Mary Harlow

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

14. INFORMANT Mrs. Clara Ford
 (Address) 212 Rosebud Ave

15. FILED 10/31 1931 11:20 REGISTRAR over

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-2 1931

17. I HEREBY CERTIFY, That I attended deceased from 5-22, 1931, to 6-2, 1931 that I last saw him alive on 6-1, 1931, and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction
9:30

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 9:30
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH. no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

4 (Signed) D. M. M... M.D.
 13, 1931 (Address) general

*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 Highland Cem DATE OF BURIAL 6-6-1931

20. UNDERTAKER F. J. ... ADDRESS 1820 E. 13

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.

