

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

Do not use this space.

**30716**

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township " " Primary Registration District No. 3909  
City " (No. So. E. Mo. Hospital)

File No. \_\_\_\_\_  
Registered No. 785  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

H. F. Wickham

(a) Residence, No. 227 So. Spanish St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3<sup>rd</sup> - 1877

7. AGE YEARS 54 MONTHS 1 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil company  
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) Gallatin Mo.

13. NAME Joseph A. Wickham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Leroy Cunningham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Leo Schultz  
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount Cem DATE Sept 20, 1931

19. UNDERTAKER Walthus Uhl Co.  
(ADDRESS) Cape Girardeau Mo.

20. FILED 9-19-31 W. E. Kaempfer  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/1 1931, to 9/18 1931

I last saw alive on 9/18 1931 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage in bladder Date of onset 9/13  
Prostatic hypertrophy  
Nephrotic syndrome  
Septicemia following  
Other contributory causes of importance: 13.5  
36

Name of operation Cystectomy Date of 9/18/31

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? no 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 \_\_\_\_\_

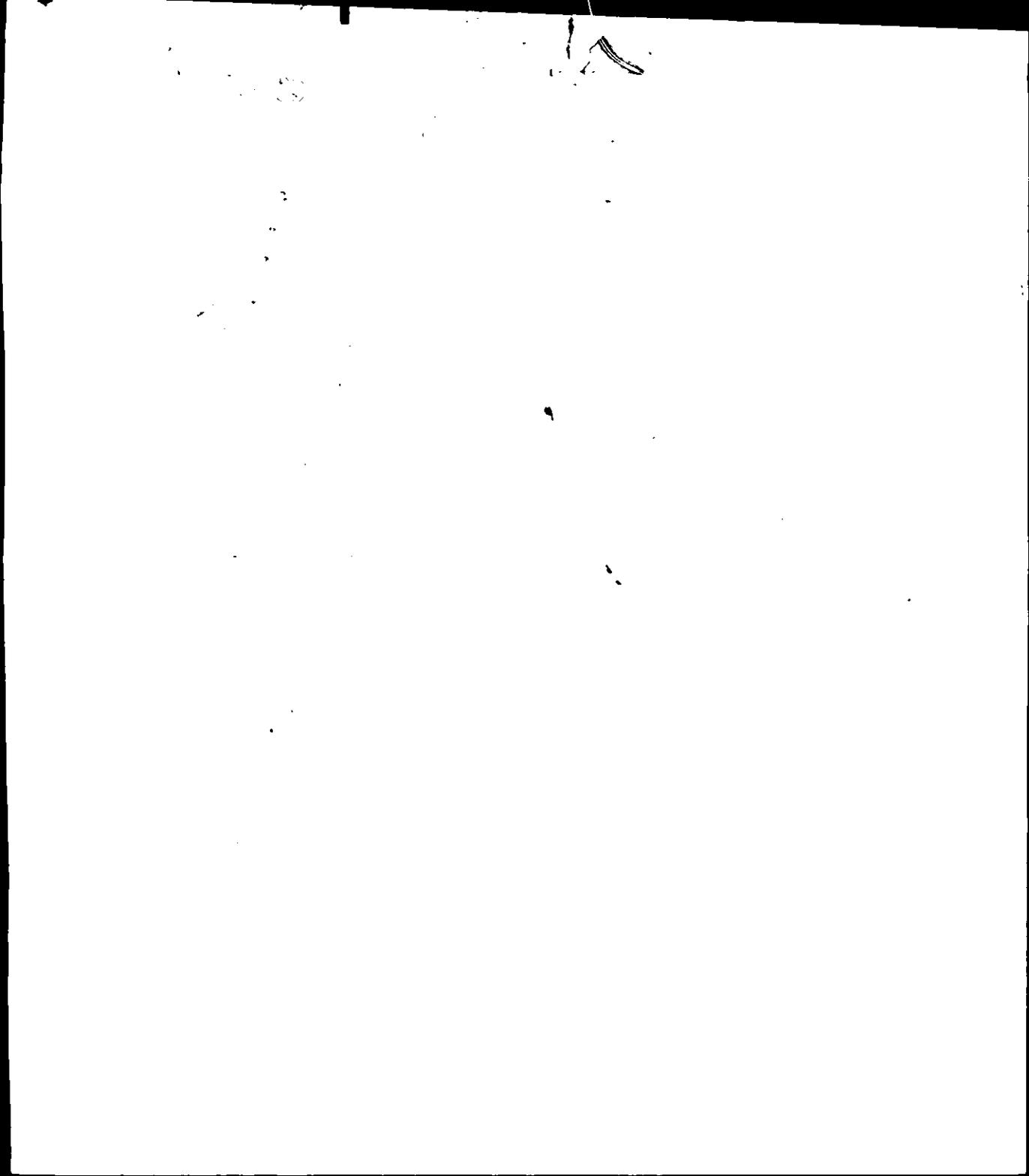
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) W. E. Kaempfer M. D.  
(Address) Cape Girardeau Mo.

WWW.EMPRING.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.

OCT 22 1931



Hemorrhage in Bladder from passing  
sand

Urethral Stricture

Septicemia following

Cystotomy Suprapubic.

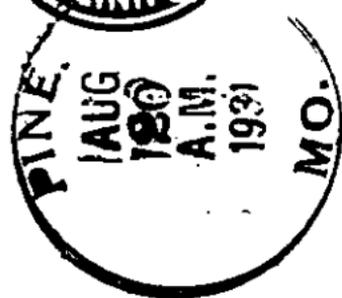
G. G. Sprague Pine mo

Register No 752

Ripley co mo.

S-30 7/12

9/18/31



Division of  
Vital Statistics  
- G. G. -

THE STATE BOARD OF HEALTH  
JEFFERSON CITY  
MISSOURI