

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

Do not use this space.

41320

1. PLACE OF DEATH

County Osage Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. Osage Registered No. _____
 City Green (No. Central City) St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 last 8 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Ky

13. NAME Arch Fickland

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

15. MAIDEN NAME Elizabeth Johnson

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

17. INFORMANT Mrs. Lizzie Fickland
 (ADDRESS) Green, Osage Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE Farm DATE 12 3 37

19. UNDERTAKER Hurlbut Co
 (ADDRESS) _____

20. FILED 1/2 19 32 A. Bacon Clark
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1931

I HEREBY CERTIFY That I attended deceased from Nov 2 1931 to Dec 2 1931
 I last saw him alive on July 7 1932 Death is said to have occurred on the date stated above, 9a m.

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

arterio-sclerosis with cerebral hemorrhage.

Date of onset unknown

Other contributory causes of importance: 82A 83A

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Am. Simmons, M. D.
 (Address) Osage, Mo.

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.

