

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

Do not use this space.

7945

1. PLACE OF DEATH

32 County D. Hall Registration District No. 263
Township Adams Primary Registration District No. 2365
City Wentzville (No.) St. Ward)

File No. 1
Registered No. 1

2. FULL NAME Mary J. Hickman.

(a) Residence, No. 4541 Main st. St. Ward. Kansas City Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Philip S Hickman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26, 1883</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>8</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u> <u>235</u>
	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) St. Joseph
(STATE OR COUNTRY) Missouri

13. NAME Wm. Carmichael

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Scotland

15. MAIDEN NAME Mary W Sherwood

16. BIRTHPLACE (CITY OR TOWN) Buffalo
(STATE OR COUNTRY) New York

17. INFORMANT Marcia Hickman
(ADDRESS) 4541 Main St Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery
PLACE St. Joseph Mo. DATE March 16 1932

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union st St. Joseph Mo.

20. FILED 3/16 1932 J. J. Hedrick, M. M.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12 1932 to March 14 1932
I last saw her alive on March 14 1932 Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Diabetes Miletus

Date of onset

Other contributory causes of importance:

Atherosclerosis

Name of operation Autopsy Date of

What test confirmed diagnosis? History 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 March 14 1932

Where did injury occur? At Home
(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) Ernest J. Franklin M. D.

(Address) Cameron 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.

APR 26 1932

