

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

Do not cut this space
9056

1. PLACE OF DEATH

55 County Lauraer Registration District No. 469 File No. 331
1 Township Assara Primary Registration District No. 1, 280 Registered No.
4 City Assara (No. _____) St. _____ Ward _____

2. FULL NAME Emma P. Lickner

(a) Residence, No. Wagon R. H. W. 2 St. _____ Ward. Wagon No. 95 D. 2
(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 Female 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 Frank Lickner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1878
7. AGE YEARS 4 MONTHS 8 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Knapsack
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2357
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) Lauraer Iowa

FATHER 13. NAME Joseph Zimmerman

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) in Ohio

MOTHER 15. MAIDEN NAME Katherine Miller

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bartley Germany

17. INFORMANT (ADDRESS) Frank Lickner

18. BURIAL, CREMATION, OR REMOVAL PLACE Merana One DATE _____ 19

19. UNDERTAKER (ADDRESS) Philip and Russell My Merana One

20. FILED 4-8-32 W. W. Stuart Registrar.

5 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from March 11, 1932, to March 21, 1932

I last saw her alive on March 21, 1932 Death is said to have occurred on the date stated above, at 9.45 a.m.

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

Heart Block due to
Asphyxia following
rupture of bladder and rupture
of peritoneum Mar. 11-32

Other contributory causes of importance:

rupture of bladder & rupture of
peritoneum at seat of rupture

Name of operation Amputation of bladder Date of _____
What test confirmed diagnosis? operated Was there an autopsy? no

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 _____ (1)

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

(Signed) W. W. Stuart, M. D.
(Address) Assara Mo



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence

Registration District No. 467

File No. 331

Township

Primary Registration District No. 4280

Registered No.

City Amos

(No.

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

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

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

July 21 - 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

53

8

-

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Verona, Mo.

Mar 23

19. UNDERTAKER (ADDRESS)

20. FILED

4.8.1932

Mr. R. N. Smart

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Mar 21 . 1932

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw h. alive on

to have occurred on the date stated above, at

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

Date of onset

Other contributory causes of importance:

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

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) M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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