V. S. No. 2

MARGIN RESERVED FOR BINDING

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.

JUN 22 1932

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

Do not use this space. 16020

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township Blue — Primary Registration District No. 5554 — Registered No. 176

City Independence (No. Route No. 3. Box 262 East Indep. Mo. St. Ward)

2. FULL NAME Susan Jane Fickett

(a) Residence, No. Route No. 3. Box 262 St., Ward. East In dependence, 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. 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 Eli Fickett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1857

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Gentry County Missouri

FATHER

13. NAME ---------- Weese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Eli Fickett Route No. 3. Box 262 Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE May 23, 1932, 19

19. UNDERTAKER (ADDRESS) Stahl Funeral Home 815 W. Maple Ave. Indep. Mo.

20. FILED May 23, 1932 J R Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21-1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar-27, 1931, to May 21, 1932

I last saw her alive on May 23, 1932. Death is said to have occurred on the date stated above, at 1:25P m.

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

	Date of onset
Impacted gall stone in cystic duct	3 wks
Inoperable because Cardiac decompensation 92	
Other contributory causes of importance: Mitral insufficiency with failing compensation	8 mo

Name of operation none Date of

What test confirmed diagnosis? clinical 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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) C H Allen Independence Mo