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

Do not use this space.

18040

File No. 5010

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 17 8 1

Township ..... Primary Registration District No. 1 0 0 8

City St Louis (No. 19 N Spring a St. ..... Ward)

2. FULL NAME Anna Hickie

(a) Residence, No. ..... St., 21 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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 4th 1851

7. AGE: Years 80 | Months 5 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Ireland

FATHER

13. NAME: Daniel Reardon

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

MOTHER

15. MAIDEN NAME: Unknown Wald

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

17. INFORMANT: Mrs Kate Rooney
(ADDRESS) 8528 Jamieta St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE May 25th 1932

19. UNDERTAKER: Arthur J Rooney and Co
(ADDRESS) 2019 Grand St

20. FILED MAY 24 1932 W. C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1929 to May 23, 1932. I last saw her alive on May 23, 1932. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

	Date of onset
Serious Mammary Cancer	Unknown
Ulcerated Carcinomatosis	
Co D	

Other contributory causes of importance:

135

Name of operation ..... Date of .....

What test confirmed diagnosis? None 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? No
If so, specify .....

(Signed) Phillips G Hurford, M. D.

(Address) Wace Bldg St Louis