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

Do not use this space.

23965

File No.
Registered No. 19 X

1. PLACE OF DEATH
96 County St Louis — Registration District No. 789
Township Central — Primary Registration District No. 6033B
City (No. 1200, Gurner St. Ward)

2. FULL NAME Minnie L Fickle
(a) Residence, No. 5054 Minerva St., Ward. St Louis, 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. 1 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1865

7. AGE — Years 66 — Months 6 — Days 25 — 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. 235
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) Westridge Ill

FATHER
13. NAME Eli C. Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind.

MOTHER
15. MAIDEN NAME Leah Ruth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Margaret Fickle
(ADDRESS) 1200 Gurner

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lra of Ill. DATE July 7, 1932

19. UNDERTAKER Alexander and Sons
(ADDRESS) 6175 Delmar

20. FILED 7-6-, 1932 Nella Berry M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1932, to July 4, 1932, that I last saw him alive on July 4, 1932. Death is said to have occurred on the date stated above, at 8 30 p m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Sudden
Date of onset
150
Gall 131
Other contributory causes of importance:
Chronic Pyelonephritis
Nephritis
Name of operation None Date of
What test confirmed diagnosis? V Was there an autopsy? V

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) J Roy Cornelson, M. D.
(Address) 7704 Page Blvd

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

AUG 27 1932

Ray Compton
7104 Page