

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

Do not use this space.

25744

197

**1. PLACE OF DEATH**

County Bole  
Township  
City Jefferson (No. ....)

Registration District No. 213  
Primary Registration District No. 3014

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 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 Bigburn Hickey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1897

7. AGE YEARS 35 MONTHS 7 DAYS 14 If LESS than 1 day, .... hrs. or .... min.

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 235

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millers Point Mo

13. NAME Joe Hockley

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

15. MAIDEN NAME Ethel Herring

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

17. INFORMANT (ADDRESS) Miss Ophelia Hickey

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson DATE Aug 13 1933

19. UNDERTAKER (ADDRESS) Jefferson City

20. FILED 8/26 1933 St. Bedford Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933, to .....

I last saw deceased alive on ....., 1933. Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Multiple Fibrosis of Ovaries  
558  
133055B  
11805

Date of onset 1930

Other contributory causes of importance:  
Acute dilatation of stomach  
Suppression of urine

Name of operation Hysterectomy Date of 8-16-33

What test confirmed diagnosis Physiologic 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) J. H. Taylor, M. D.

(Address) Jefferson City 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.

SEP 22 1933



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County ..... Registration District No. 213  
 Township ..... Primary Registration District No. 3014  
 City Jeff City (No. ....) St. .... Ward (No. ....)

File No. ....  
 Registered No. 197  
 St. .... Ward (No. ....)

**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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw him alive on ....., 19..... Death is said to have occurred on the day stated above, at..... m.

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

Multiple Fibroma of uterus (fibromyoma)  
 Date of onset .....

Other contributory causes of importance:  
Acute dilatation of stomach, suppression of urine

Name of operation ..... Date of .....  
 (What test confirmed diagnosis?) Was there an autopsy? .....

23. If death was due to external cause (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) H. J. Taylor, M. D.  
 (Address) .....

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

SUPPLEMENTARY

5-25744