

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

Do not use this space.

35355

1. PLACE OF DEATH

County Henry Registration District No. 371
 Township Wilson Primary Registration District No. 3433
 City _____ St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Emma Lykins

(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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Lykins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-12-1860
 7. AGE YEARS 68 MONTHS 6 DAYS 15 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. 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) Henry Co mo

FATHER 13. NAME Wm Huff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER 15. MAIDEN NAME Glenn

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

17. INFORMANT Emma Lykins
 (ADDRESS) Henry Co mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Empire DATE 11/9/32

19. UNDERTAKER Wm Phillips
 (ADDRESS) Henry Co mo

20. FILED 11/9 19 32 M. D. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1932, to Nov 7 1932
 I last saw him alive on Nov 7 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cancer of Liver
11/6/32
 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 _____ 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) Alfred Andrews, M. D.
 (Address) 221 North 2nd

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

NOV 23 1932

APR 12 1864
Andrews
worth