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.

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

Do not use this space.

35980

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 4490
Township KAW — Primary Registration District No. 1092 — Registered No. 4490
City KANSAS CITY (No. LAKESIDE HOSPITAL St. Ward)

2. FULL NAME REV. MATTIE G. ALLISON HICKMAN
(a) Residence, No. 5130-BALTIMORE St., 8 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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): DIVORCED
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF W. B. HICKMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-14-1865
7. AGE: YEARS 67 — MONTHS 10 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINISTER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. METHODIST 199
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUNCETON MISSOURI 1

FATHER
13. NAME JACK MORGAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA 2

MOTHER
15. MAIDEN NAME MARTHA UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT (ADDRESS) MRS. EVERETT KING 5130-BALTIMORE AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE NOVEMBER-29 1932
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY MISSOURI
20. FILED Nov. 29 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-27, 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1932, to Nov 27, 1932
I last saw her alive on Nov 27th, 1932. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arterial tension ~~and~~ +	1927
albuminuria	1930
131	
930	
102	

Other contributory causes of importance: myocarditis — Nov 23rd 1932

Name of operation — Date of —
What test confirmed diagnosis? laboratory 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) D. W. Larsen, M. D.
(Address) 619 Lee Bldg. 10th & Main Kansas City Mo.

Rev. O. M. Karsen
619 Lee Bldg.
10:15 - 5