

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

Do not use this space.

38468

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St Joseph, Mo. No. 2911 St Joseph Ave.

File No.

Registered No. 1181

St. Ward

2. FULL NAME

(a) Residence, No. 2911 St Joseph Ave., 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 3, 1873</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>10</u>
		<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>		
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) <u>Edward</u> <u>2</u> <u>Kansas</u>		
13. NAME <u>Thomas Brook Hickman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond</u> <u>Virginia</u>		
15. MAIDEN NAME <u>Linnie Stanton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Independence</u> <u>1</u> <u>Missouri</u>		
17. INFORMANT <u>Mrs Cecil James</u> (ADDRESS) <u>St Joseph, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belmont Ave</u> DATE <u>Dec 6</u> 1932		
19. UNDERTAKER <u>St Joseph Funeral Home</u> (ADDRESS) <u>St Joseph, Missouri</u>		
20. FILE NO. <u>DEC 6 1932</u> <u>John A. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1932, to 12-5, 1932

I last saw him alive on 12-20, 1932 Death is said to have occurred on the date stated above, at 11 a.m.

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

Influenza
11A
107A

Date of onset 11-20-32

Other contributory causes of importance: Broncho Pneumonia

Name of operation 11A Date of 11A

What test confirmed diagnosis? 11A 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) John A. Bender, M. D.
(Address) St Joseph, Mo.

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.

JAN 21 1933

