

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

Do not use this space.
See copy
Div 39240

1. PLACE OF DEATH

39 County *Greene* Registration District No. *318*
3 Township Primary Registration District No. *2001*
5 City *Springfield, Mo.* 7438 *Jefferson* St. Ward)

2. FULL NAME

Matthew C. Wickizer
(a) Residence, No. *7438 Jefferson* St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elizabeth (Dec.)</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 11 - 1839</i>		
7. AGE	YEARS	MONTHS
	<i>92</i>	<i>11</i>
		24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Ret'd.</i>		
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) <i>Ohio 2</i>		
13. NAME <i>Wm. B. Wickizer</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>31</i>		
15. MAIDEN NAME <i>Fancy Jane Kootz</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <i>Mrs. F. Sumford</i> (ADDRESS) <i>7438 Jefferson</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Maple Park</i> DATE <i>Dec. 7 1932</i>		
19. UNDERTAKER <i>Anna Schmeier Home</i> (ADDRESS) <i>Springfield, Mo.</i>		
20. FILED <i>1246</i> 19.32 <i>Ralph W. Hamilton</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 5 - 1932*
22. I HEREBY CERTIFY, That I attended deceased from *Nov.* 1932, to *Dec. 5* 1932
I last saw him alive on *Nov. 30* 1932. Death is said to have occurred on the date stated above, at *11:45 a.m.*
The principal cause of death and related causes of importance were as follows:

Cardio Vascular disease
95B
95B
Other contributory causes of importance:
①

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) *L. L. Coe* M. D.
(Address) *224 1/2 South Ave.*

JAN 23 1933

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.

