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

Do not use this space.

40676

1. PLACE OF DEATH

65 County Mercer

2 Township

2 City Princeton (No. ..... St. ..... Ward)

Registration District No. 556

Primary Registration District No. 4378

File No.

Registered No. 44

2a. FULL NAME Anna E. Hickman

(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: 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: Deceased Elmer Hickman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 15 1883

7. AGE: Years 49 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Invalid
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Mercer Co
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: William McCaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Kewanna Co
(STATE OR COUNTRY): Ind

12. MAIDEN NAME OF MOTHER: Mary A. Hughes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mercer Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs. Mary A. McCaw
(Address): Princeton Mo

15. FILED 12-22 1932 J. M. Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 22 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1932, to Dec 22, 1932, that I last saw h. alive on Dec 22, 1932 and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Breast
50
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF X X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Stacy, M. D.
12/22, 1932 (Address) Princeton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Early | DATE OF BURIAL: 12-24 1932

20. UNDERTAKER: Martin Funeral Home | ADDRESS: Princeton 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.