

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

Do not use this space.

2503

1. PLACE OF DEATH

County Newton Registration District No. 609 File No. 2
 Township _____ Primary Registration District No. 4363 Registered No. _____
 City Neosho (No. 414 W. Wood) St. _____ Ward _____

2. FULL NAME ANNIE NICCUM

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 3 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. S. Niccum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1854
 7. AGE YEARS 78 MONTHS 4 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Ohio

FATHER
 13. NAME Geo Preston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
 15. MAIDEN NAME Lucy Ann Howland

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

17. INFORMANT (ADDRESS) Fred Preston Neosho mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Baxter Springs MO DATE 1-4 1933

19. UNDERTAKER (ADDRESS) Bryan's Neosho mo

20. FILED 1/5 1933 R. E. Mance Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1933 to Jan 3 1933
 I last saw her alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 1:25 am.

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

Cerebral hemorrhage
(Right side)
 Date of onset 1/3
 Other contributory causes of importance: Artemia

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) Quald Sage, M. D.
 (Address) Neosho mo

