

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

Do not use this space.

10248

1. PLACE OF DEATH

59 County Linnigston
Township Fairview
City (No. _____)

Registration District No. 1076
Primary Registration District No. 5680

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Fannie R. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Hickman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 29 - 1875</u>		
7. AGE	YEARS	MONTHS
<u>57</u>	<u>-</u>	<u>5</u>
		DAYS
		<u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME James M. Moxhead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Delphia Deek

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

17. INFORMANT (ADDRESS) Charles Hickman
Avalon, Mo. R.F. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Burnside Cem. DATE Mar 22 1933

19. UNDERTAKER (ADDRESS) James D. Gordon
Phillips, Mo.

20. FILED Mar 23 1933 Mrs. Geo. Cox
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1933, to Mar 21, 1933
I last saw h. alive on Mar 21, 1933. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

108 108

Other contributory causes of importance:

Date of onset Mar 14 33

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Report 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 _____, 1933

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) P. Gallen, M. D.
(Address) Phillips Mo 7110

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.

APR 22 1933

