

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

Do not use this space.

16776

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kant Primary Registration District No. 1002  
 City Kansas City (No. Wesley Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mrs. Bettie 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.

File No. \_\_\_\_\_

Registered No. 2275

Alma 054-01-0  
Alma Mo  
 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William J. Hickman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Born May 20 - 70  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hay  
 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) Corder Mo  
 MOTHER 13. NAME Finch  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Mo  
 15. MAIDEN NAME Overhilde  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Mo  
 17. INFORMANT C. W. Hickman  
 (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Corder, Mo DATE 6, 2, 33  
 19. UNDERTAKER Haefel Munnishagen  
 (ADDRESS) 1099 S. 11th St. Mo  
 20. FILED May 30, 1933 M. M. Grove  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933 to May 31, 1933  
 I last saw her alive on May 30, 1933 Death is said to have occurred on the date stated above, at 12:25 AM.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of caecum.  
460  
 Other contributory causes of importance:  
metastasis and infection of caecumous parts  
 Name of operation Removal of cancer Date of May 30, 1933  
 What test confirmed diagnosis? Biopsy 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) J. A. Robertson, M. D.  
 (Address) 1030 W. 56th, Kansas City, Mo.

WRITE PLAIN 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.

