

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

Do not use this space.

1. PLACE OF DEATH

85

11
5-
9
County Buchanan
Township
City St. Joseph Mo.

Registration District No. _____
Primary Registration District No. 1001

File No. 22409
Registered No. 746
St. _____ Ward _____

2. FULL NAME Thomas Edward Hickey

(a) Residence, No. Stewertsville Mo. St. _____ Ward _____ Stewertsville Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I viewed remains
July 27, 1933, to _____, 19____
I last saw him alive on _____, 19____. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1899

to have occurred on the date stated above, at 5:15A.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 1 4

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Fractured Skull Date of onset _____
Trunk overturned

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Other contributory causes of importance: _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Plattsburg (STATE OR COUNTRY) Missouri

13. NAME James E Hickey

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Catherine Brady

16. BIRTHPLACE (CITY OR TOWN) Easton (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7-27, 1933

Where did injury occur? DeKalb Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place

Nature of injury Fractured Skull

17. INFORMANT E. P. Brady (ADDRESS) Stewertsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg Mo. DATE July 29, 1933

19. UNDERTAKER H. O. Aidenfaden (ADDRESS) 1802 Union st St. Joseph Mo.

20. FILED 7-28, 1933 John R. Bender Registrar.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. J. Thomas Coroner

(Address) 801 1/2 7th

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.

