Dr Appleberry

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

Do not use this space.

24225

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No.
Township " — Primary Registration District No. 6018A — Registered No. 75
City (No. , St. Ward)

2. FULL NAME Albert Clinton Shick

(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma J. Shick 8 59

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 28 59

7. AGE 74 YEARS 2 MONTHS 9 DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Lawrence Co Ill

FATHER
13. NAME: Daniel Shick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Caroline Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Mrs Emma Shick Farmington R-5 Mo

18. BURIAL, CREMATION, OR REMOVAL: Summer Ill
PLACE: Summer Cem DATE: July 9th 1933

19. UNDERTAKER (ADDRESS): Neidert Rund Co Farmington Mo

20. FILED July 8 1933 B. J. Robinson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to July 7, 1933
I last saw him alive on July 8, 1933. Death is said to have occurred on the date stated above, at 8.40 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary T.B.C.
General Arterio Sclerosis
23
Other contributory causes of importance:

Date of onset

Name of operation: Clinical Date of
What test confirmed diagnosis? 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, 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) [signature], M. D.
(Address) Farmington Mo

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.

AUG 26 1933