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

Do not use this space.

33568

File No.
Registered No. 27

1. PLACE OF DEATH
County: Lawrence
Township: Lincoln
City: Miller (No. , St. Ward)
Registration District No. 469
Primary Registration District No. 5-63d

2. FULL NAME: Homer Widick

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Anna Widick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-9-1888

7. AGE: Years 44 | Months 10 | 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.: World War Veteran Invalid
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): Dade Co. Missouri

FATHER
13. NAME: W. M. Widick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Decatur Ill. Bacon Co.

MOTHER
15. MAIDEN NAME: Lilly Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Decatur Ill Bacon Co

17. INFORMANT (ADDRESS): Mrs. Lilly Widick Lamar Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Meismer DATE: 10-16-1933

19. UNDERTAKER (ADDRESS): Morris & Leiman Miller Mo.

20. FILED 11-28, 1933 W. S. Bonney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-14-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1933, to 10-14, 1933
I last saw h alive on 10-14, 1933. Death is said to have occurred on the date stated above, at 6.50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
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Other contributory causes of importance:

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) W. S. Bonney, M. D.
(Address) Mills Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD