

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

Do not use this space.

35509

1. PLACE OF DEATH

County Hickory
Township Waters
City Waters (No. 1000)

Registration District No. 908
Primary Registration District No. 4549

File No. _____
Registered No. 39 Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to Oct 10, 1933

I last saw him alive on Oct 10, 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1914

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

7. AGE YEARS 19 MONTHS 8 DAYS 22 If LESS than 1 day, hrs. or min.

Continued from
Waters Green persproctitis
1933
12:30
12:30

8. Trade, profession, or particular kind of work done, as a Teacher

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

Other contributory causes of importance:
Open cholecystitis
Septicemia
Gall stones
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Mo.

13. NAME Robert Hicks

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

15. MAIDEN NAME Emma Henderson

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

17. INFORMANT (ADDRESS) Robert Hicks

18. BURIAL, CREMATION, OR REMOVAL PLACE Henderson DATE 10-13-1933

19. UNDERTAKER (ADDRESS) Bottom Funeral Home, Des Moines

20. FILED 10/13, 1933 Registrar J. W. Hubbard

Name of operation Open cholecystitis 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? accident 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? _____
If so, specify _____

(Signed) L. J. Vancura M. D.
(Address) Waters, Mo

NOV 10 1933

STATEMENT OF OCCUPATION IS VERY IMPORTANT

CROSS

