

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.

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

Do not use this space.

36869

1. PLACE OF DEATH  
County Jasper Registration District No. 2689  
Township Joplin Primary Registration District No. 4342  
City Joplin (No. 8361-1) St. 24 Ward) \_\_\_\_\_  
2. FULL NAME Marvin P. Hickey  
(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11, 1933  
7. AGE YEARS \_\_\_\_\_ MONTHS 1 DAYS 1 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Jasper Co Mo.  
13. NAME James Hickey  
14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Jasper Co Mo.  
15. MAIDEN NAME Esther Forkner  
16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Jasper Co Mo.  
17. INFORMANT James Hickey  
(ADDRESS) Wagon Road No 12-1  
18. BURIAL, CREMATION, OR REINTERMENT PLACE Stoney Road DATE 11-12-33  
19. UNDERTAKER (ADDRESS) Wagon Road and Co  
Joplin Mo.  
20. FILED 11-12-33 W.P. Goshie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 33  
22. I HEREBY CERTIFY, That I attended deceased from 11-11-33, 19\_\_\_\_, to 11-11-33, 19\_\_\_\_  
I last saw him alive on 11-11-33, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 AM.  
The principal cause of death and related causes of importance were as follows:  
Whooping cough Date of onset about 10-25-33  
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.P. Goshie M. D.  
(Address) Mercury, Mo.

