FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH
County Linn
Township
City Marceline (No. ..... St. ..... Ward)

Registration District No. 502
Primary Registration District No. 4305

File No. 1814
Registered No. 3

2. FULL NAME John William Ficklin

(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 Minnie Phipps Ficklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 1874

7. AGE: YEARS 59 | MONTHS 2 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery man
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) Huntsville mo

FATHER
13. NAME Henry Ficklin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Addie Rothwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. J.W. Ficklin Marceline mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Jan 29 1934

19. UNDERTAKER (ADDRESS) Jas McLaughlin Marceline mo

20. FILED 1-30-34, 19 Olive Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1929, to Jan 26, 1934
I last saw him alive on Jan 26, 1934. Death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mitral insufficiency	

Other contributory causes of importance:
Myocardial degeneration

Name of operation ..... 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? No
If so, specify .....
(Signed) P. L. Patrick M. D.
(Address) Marceline mo

Exact statement of OCCUPATION is very important. ... in plain terms, so that it may be properly classified.