

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

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MAY 25 1934

1. PLACE OF DEATH

County Gentry Registration District No. 312 File No. 8539
 Township Jackson Primary Registration District No. 4188 Registered No. 28
 City Ray, Mo. (No. 31) St. Ray Ward 1

2. FULL NAME Florence Virginia Ficklin

(a) Residence, No. King City No. 7 P. 41 St. Ray Ward 1
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) May 26, 1903

7. AGE YEARS 30 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clearicle

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) March 30, 1934 11. Total time (years) 4 spent in this occupation months

12. BIRTHPLACE (CITY OR TOWN) King City Mo. (STATE OR COUNTRY)

13. NAME Stuart Ficklin

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

15. MAIDEN NAME Ann^M Follitt

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

17. INFORMANT Stuart Ficklin (ADDRESS) King City Mo. P. E. 41

18. BURIAL, CREMATION, OR REMOVAL PLACE King City Mo. DATE 4/3/1934 19

19. UNDERTAKER R. G. Taggart (ADDRESS) King City Mo.

20. FILED A. W. Paullette Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1934

22. I HEREBY CERTIFY, That I ~~attested~~ deceased ~~from~~ after death 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Cardiac Embolism Date of onset

Other contributory causes of importance: 999

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?.....

If so, specify C. J. Pray, Coroner

(Signed) C. J. Pray, Coroner (Address) Albany, Mo.

OCCUPATIONS

FATHER

MOTHER

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[The text in this section is extremely faint and illegible due to the quality of the scan. It appears to be several paragraphs of a technical report.]

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