

APR 25 1934

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

Do not use this space.

9506

1. PLACE OF DEATH

County Leflore Registration District No. 761
Township Livingston Primary Registration District No. 5226
City _____ (No. _____) St. _____ Ward _____

File No. 23

Registered No. _____

2. FULL NAME Enick Hickam

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 22 1855</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>3</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	
	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) <u>1930</u>	11. Total time (years) spent in this occupation _____

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 18th 1934 to Nov 1st 1934

I last saw him alive on Feb 18th 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Acute Obstruction of bowels
76C
1220
132

Date of onset Indist

Other contributory causes of importance:

Old age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison

13. NAME Enick Hickam

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

15. MAIDEN NAME Jane Duncan

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

17. INFORMANT Jesse Martin
(ADDRESS) Livingston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Livingston DATE Mar 2 1934

19. UNDERTAKER Ernest Fogert
(ADDRESS) Livingston Mo

20. FILED Mar 1 1934 Jane Briel Bates
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Ulcer Was there an autopsy? no

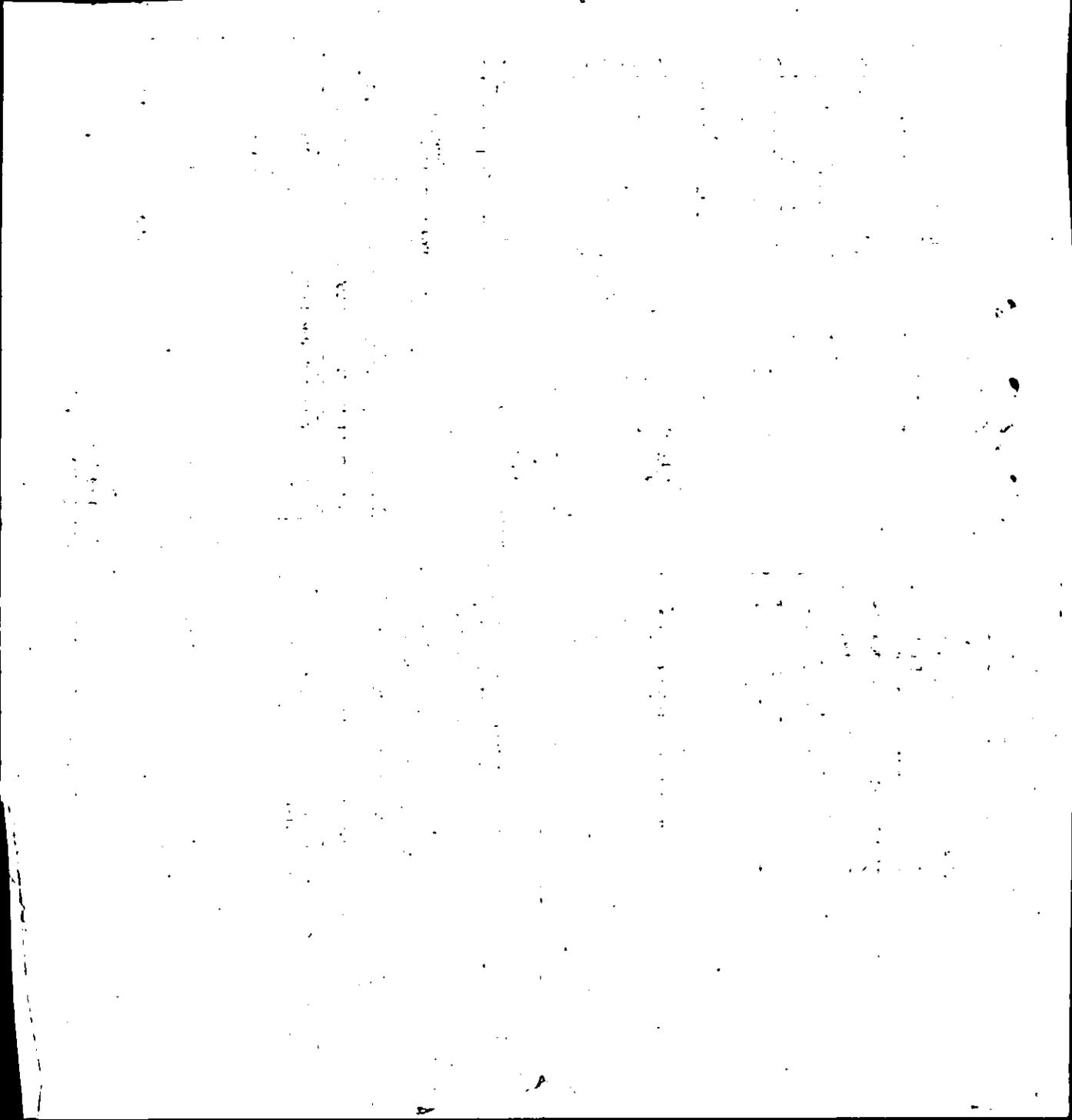
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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 _____
(Signed) M. Martin M. D.
(Address) Bellefontaine Mo



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette
Township Washington
City (No. St. Ward)

Registration District No. 461
Primary Registration District No. 5623

File No.
Registered No.

2. FULL NAME

Ernest Hickman

(a) Residence, No. St. Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1st 1934

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

22. I HEREBY CERTIFY, That I, attended deceased from 19... to 19... Death is said

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

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
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The principal cause of death and related causes of importance were as follows:
Date of onset

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

Acute Obstruction of Bowels

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Probably Venous thrombosis of the mesenteric vessels

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: No Post mortem

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation... Date of...
What test confirmed diagnosis?... Was there an autopsy?...

13. NAME

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?... Date of injury...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED

Ernest Hickman
Ernest Hickman
May 4 1934
W. H. Hill
Registrar

(Signed) J. N. Mayer M. D.
(Address) Washington Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-9506