MAY 25 1934

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

Do not use this space.

12938

File No. 0

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K.C. Mo. (No. General Hospital #2 St. 3rd Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Ella Hickman
(a) Residence, No. 608 Cottage Lane 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Cordell Hickman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-15-1893

7. AGE: Years 40 Months 9 Days 19 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
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): K.C. Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Record Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Westlawn Cemetery DATE: 4-14 1934

19. UNDERTAKER (ADDRESS): Nathan W. Shackelford 1520 N. 5th St.

20. FILED: 4-14-1934 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1934, to 4-4, 1934
I last saw her alive on 4-4, 1934. Death is said to have occurred on the date stated above, at 12:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Acute dilatation of the heart	

Other contributory causes of importance:

Edema of the brain	

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

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) B. C. Thomson, M.D.
(Address) General Hosp. #2

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD