

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

Do not use this space.

1. PLACE OF DEATH

County Mercer
Township Washington
City _____ (No. _____)

Registration District No. 554
Primary Registration District No. 5747

File No. 17444
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Laura Jane Hickman
~~Campbell~~

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Hickman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 1866</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>1</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) _____		11. Total time (years) spent in this occupation _____

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

13. NAME James Campbell

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

15. MAIDEN NAME Letha Branannum

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

17. INFORMANT John Hickman Spickard M

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Grundy Co Mo
PLACE Wilds Chapell DATE 5/17 1934

19. UNDERTAKER Chas E Schooler
(ADDRESS) Spickard Mo

20. FILED 14 1934 D. Christie
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 7:20 1934, to May 14 1934

I last saw him alive on May 13 1934 Death is said

to have occurred on the date stated above, at 11:30 am.

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

Chronic Nephritis
131
95B
13
Other contributory causes of importance:
Heart disease

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? No

If so, specify _____

(Signed) A. W. Spickard M. D.

(Address) Spickard-Mo

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.

JUN 23 1934

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