

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

DEC 18 1934

39965

52. PLACE OF DEATH
 County Linn Registration District No. 496
 Township _____ Primary Registration District No. 3025
 City Brookfield (No. 221 East John St.) St. 1 Ward _____

File No. _____
 Registered No. 98
 St. 1 Ward _____

2. FULL NAME Florence E. Schick
 (a) Residence, No. 221 East John St. 1 Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Schick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/15/1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 28
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Wash
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mineral Point
 (STATE OR COUNTRY) Wis.

13. NAME Fred Dawe

14. BIRTHPLACE (CITY OR TOWN) not known
 (STATE OR COUNTRY) England

15. MAIDEN NAME Mary Ann Harris

16. BIRTHPLACE (CITY OR TOWN) Mineral Point
 (STATE OR COUNTRY) Wisconsin

17. INFORMANT J. W. Schick
 (ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rose Hill DATE 11/15/34 19

19. UNDERTAKER C. W. [unclear]
 (ADDRESS) [unclear]

20. FILED Dec 5 1934 J. W. Schick M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1934, to Nov 13, 1934
 I last saw him alive on Nov 13, 1934. Death is said to have occurred on the date stated above, at 5:45 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
82 B
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) J. W. Schick M.D.
 (Address) Brookfield Mo.

13