

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

Do not use this space.

41939

1. PLACE OF DEATH JAN 3. 4 1935

County Ballinger

Registration District No. 67

Township Loraine

Primary Registration District No. 5702C

City Lutesville

(No. _____)

St. _____

Ward _____

2. FULL NAME

John Miles Wiccarner

(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma L. Wiccarner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 1 - 1856</u>		
7. AGE <u>78</u>	YEARS <u>9</u>	MONTHS <u>15</u>
		DAYS <u>15</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>Farmer</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) Butler CO.
(STATE OR COUNTRY)

13. NAME William Wiccarner

14. BIRTHPLACE (CITY OR TOWN) Butler CO. Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Sally Morrison

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

17. INFORMANT L. O. Wiccarner
(ADDRESS) Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baker Cemetery DATE Dec 17 1934

19. UNDERTAKER A. J. Baker
(ADDRESS) Lutesville Mo.

20. FILED 12-28 1934 Mrs. G. A. Sander
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1934 to Dec. 16 1934

I last saw him alive on Dec. 10 1934 Death is said

to have occurred on the date stated above, at 1 A. M.

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

Date of onset

107A

Broncho-Pneumonia

Other contributory causes of importance:

107A

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

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) A. P. K. Patrick M. D.

(Address) Lutesville Mo

