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

Do not use this space.

8732

MAR 25 1935

1. PLACE OF DEATH
County: Gasconade — Registration District No.: 304
Township: Richland — Primary Registration District No.: 5421
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 6

2. FULL NAME: Annie Kicker

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF ~~(OR)~~ WIFE OF: Henry F. Kicker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7. 1867

7. AGE: Years 67 — Months 9 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Germany

FATHER
13. NAME: Otto Hemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Henriette Krückemeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Henry F. Kicker, Morrison Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Potsdam Mo. DATE: 3-11 1935

19. UNDERTAKER (ADDRESS): Arnold Hammert, Morrison Mo

20. FILED 3-11 1935 F. L. Kicker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Past yr., 1934, to Mar 9, 1935
I last saw h. alive on Mar 8, 1935. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Brain	
Had Carcinoma Left Breast Several yrs ago.	
Other contributory causes of importance:	

Name of operation: Amputation Breast Date of: 1924
What test confirmed diagnosis? — 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? No
If so, specify .....
(Signed) Harvard Hartman, M. D.
(Address) Pershing 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.