

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.

Jul 29 1935

- 19231

1. PLACE OF DEATH

County *Clay* Registration District No. *199*
 Town *Excelsior Springs* Primary Registration District No. *3011*
 City *Excelsior Springs* (No. _____) St. _____ Ward _____

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

2. FULL NAME

Lillie Spinner Hickman
 (a) Residence, No. *610 Cannon* 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 <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Eugene Hickman</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>4/4</i>		
7. AGE	YEARS	MONTHS
	<i>44</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Madras</i>		
13. NAME <i>John Selvey</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>		
15. MAIDEN NAME <i>Lucinda Venesida</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>		
17. INFORMANT (ADDRESS) <i>Eugene Hickman 610 Cannon</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Westlawn</i> DATE <i>June 18 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Walter W. Walker 220 N. 2nd St</i>		
20. FILED <i>6-17-</i> 1935 <i>Mrs. R. A. McCraen</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 14 1935*

I HEREBY CERTIFY that I attended deceased from *June 14 1935* to *June 14 1935*

I last saw her alive on *June 14 1935*. Death is said to have occurred on the date stated above, at *2:57* p. m.

The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset *6-14-35*

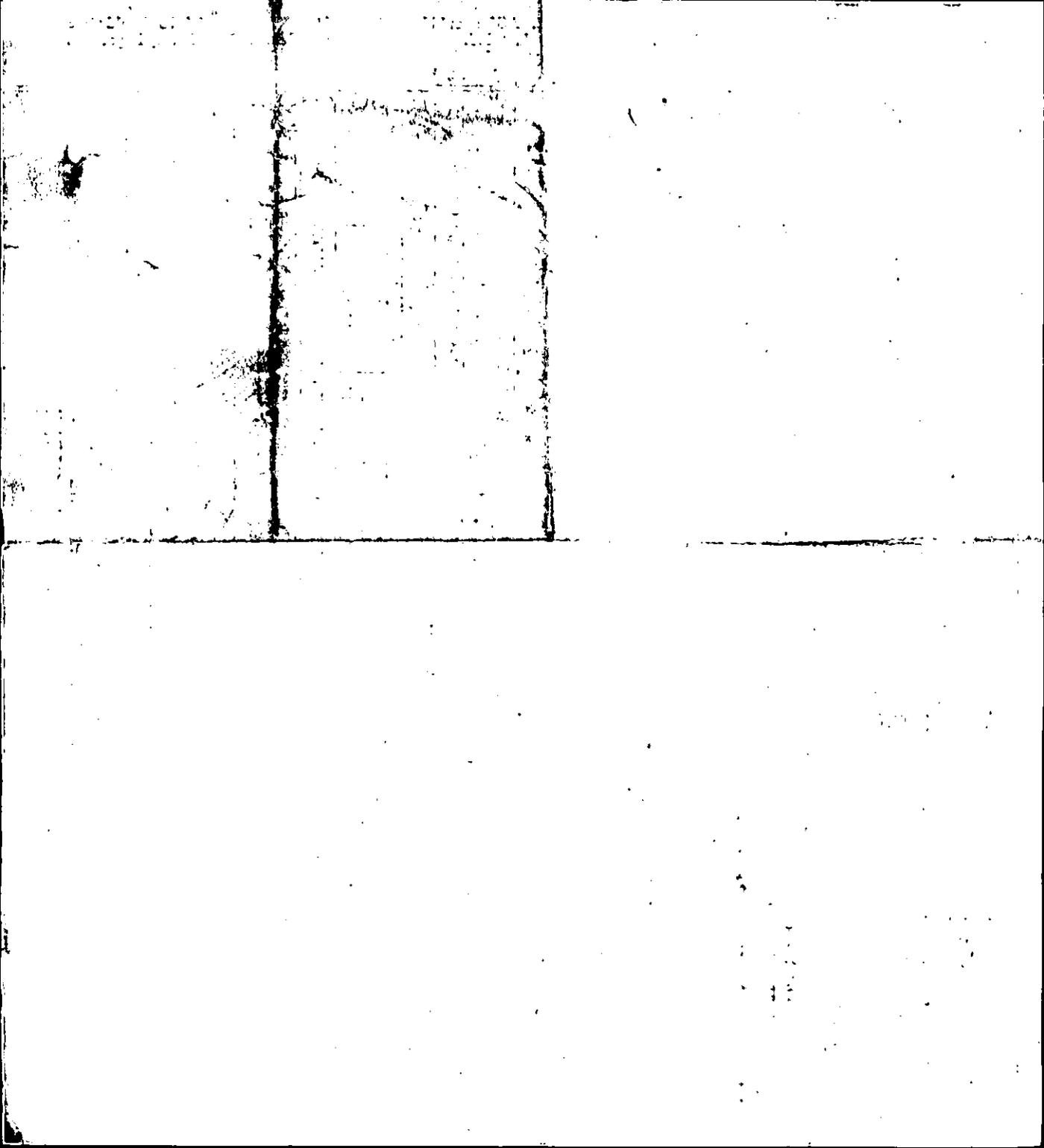
Other contributory causes of importance:
Essentially coronary occlusion

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? *No*
 If so, specify _____
 (Signed) *E. D. Craven*, M. D.
 (Address) *Excelsior Springs, Mo.*



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. _____
Township _____ Primary Registration District No. 3011 Registered No. _____
City Excelsior Springs (No. _____) St. _____ Ward _____

2. FULL NAME

Silke Skinner Hickman

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last seen _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) week

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hr. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 _____

Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

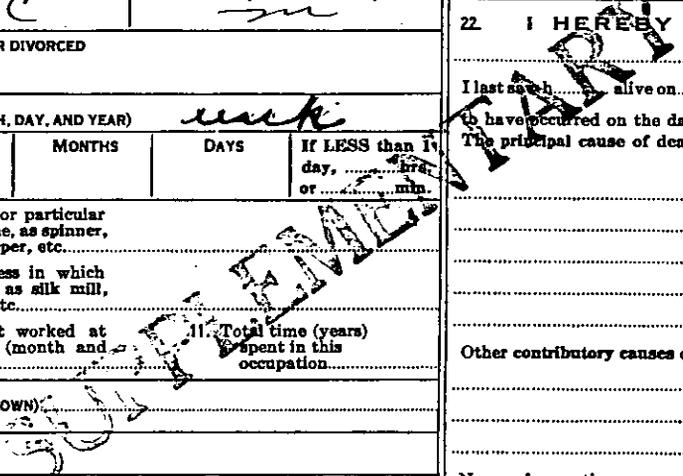
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 6-17-1935 Miss. R. M. C. Craven Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) J. D. Craven, M. D. (Address) Excelsior Springs Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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