

JUL 2 2 1935

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

Do not use this space.

19652

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Town

Primary Registration District No. 1002

City Kansas City

(No. 4535 Wabash)

File No. 2287

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Miss Edward H. Hickerson Fayette Mo

(a) Residence, No. 4535-WABASH St., _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 4 - 1854

7. AGE YEARS 81 MONTHS 4 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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

None

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) FAYETTE MO

13. NAME Joseph Hickerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elkrun VA

15. MAIDEN NAME Emily Hickerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elkrun VA

17. INFORMANT Mrs Sidney Avery (ADDRESS) 4535 Wabash

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fayette Mo DATE JUNE-5 1935

19. UNDERTAKER John W. Conner Sons (ADDRESS) Kansas City Mo

20. FILED 6-4 1935 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 3 1935

22. I HEREBY CERTIFY That I attended deceased from _____, 1930, to 6-3, 1935

I last saw her alive on 6-3, 1935. Death is said to have occurred on the date stated above, at 6:10 p. m.

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

myocarditis chr. 1930
930

Other contributory causes of importance;
bronchitis chr. 1934

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) L. G. Polley M. D.

(Address) 724 Prop. Bldg. D. C. 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.

