

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.

22855

JUL 2 2 1935

1. PLACE OF DEATH
 44/ County Holt Registration District No. 373
 Township Primary Registration District No. 4219
 6 City Oregon (No. St. Ward
 12 2. FULL NAME Leuther Hicker
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Hicker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1891
 7. AGE YEARS 44 MONTHS 0 DAYS 1 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13 yrs.
 10. Date deceased last worked at this occupation (month and year) Dec 1 - 1934 11. Total time (years) spent in this occupation 13 7/8
 12. BIRTHPLACE (CITY OR TOWN) Holt Mo (STATE OR COUNTRY) Mo
 FATHER 13. NAME Jesse Hicker
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME May J. Hunt
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)
 17. INFORMANT Leuther Hicker (ADDRESS) Oregon Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Noland Cem DATE July 7 1935
 19. UNDERTAKER Lester Oestgen (ADDRESS) Oregon
 20. FILED 7-7-35 J. B. Handley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1935
 22. I HEREBY CERTIFY, That I attended deceased from July 2 1935 to July 5 1935
 I last saw him alive on July 4 1935 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis heart disease Date of onset
 Other contributory causes of importance: [Signature]
 Name of operation none Date of
 What test confirmed diagnosis? [Signature] 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. F. Handley, M. D.
 (Address) Oregon Mo.

