

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 26 1935

33079

1. PLACE OF DEATH  
 County Jasper Registration District No. 411  
 City Joplin (Usual place of abode) Primary Registration District No. 2002  
 City Joplin (If nonresident, give city or town and State) St. 1601 Empire Ward 1601 Empire  
 2. FULL NAME James Cassius Wickham  
 (a) Residence, No. 1601 Empire St. 1601 Empire Ward. 1601 Empire  
 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1857  
 7. AGE YEARS 83 MONTHS 11 DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
 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) Wabam Colee  
 13. NAME Geo Wickham  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada  
 15. MAIDEN NAME Fanny Jordan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) in Poland  
 17. INFORMANT Mrs Sarah Reutter  
 (ADDRESS) 1601 Empire  
 18. BURIAL PLACE Forest DATE 10/16/35  
 19. UNDERTAKER Furlett and Co  
 (ADDRESS) 1601 Empire  
 20. FILED 11-1 19 35 - Ed D Jones  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-35  
 22. I HEREBY CERTIFY: That I attended deceased from Sept 20 19 35 to Oct 13 19 35  
 I last saw him alive on Oct 11 19 35 Death is said to have occurred on the date stated above, at 12:05 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of Bladder ?  
(carcinoma) primary  
 Other contributory causes of importance:  
chr. myocarditis  
chr. hepatitis  
 Name of operation none Date of none  
 What test or tests were used to diagnose? Physical signs Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19 no  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. no  
 Manner of injury no  
 Nature of injury no  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify James A. O'Brien, M. D.  
 (Signed) 614 1/2 Main St. - Joplin Mo.  
 (Address)

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