

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

Do not use this space.

33797

NOV 27 1935

**1. PLACE OF DEATH**

County St. Genevieve  
Township Jackson  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 780  
Primary Registration District No. 6028

File No. \_\_\_\_\_  
Registered No. 352  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles Simon Sickman

(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 male 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 Genevieve Lillian Small

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
48      1      6

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

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) St. Genevieve Co (STATE OR COUNTRY) Missouri

13. NAME Henry Sickman

14. BIRTHPLACE (CITY OR TOWN) Baden (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Glass

16. BIRTHPLACE (CITY OR TOWN) Baden (STATE OR COUNTRY) Germany

17. INFORMANT Max Genevieve Sickman (ADDRESS) Plattau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE French Village Mo DATE Oct 22 1935

19. UNDERTAKER Geo. Basher (ADDRESS) St. Genevieve Mo

20. FILED Oct 21 1935 T.W. Douglas Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from JUNE 20 1935 to October 20 1935

I last saw him alive on Oct. 10 1935. Death is said to have occurred on the date stated above, at 5:15 p.m.

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

Pulmonary Tuberculosis Date of onset 1930

Other contributory causes of importance: NONE.

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) Arthur Sawyer, M. D.  
(Address) St. Genevieve 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.

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

