

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

Do not use this space.

DEC 3 1935

36638

1. PLACE OF DEATH

County Madison
Township Elk River
City R.F.D. Noel (No., Ward)

Registration District No. 969
Primary Registration District No. 5692

File No. 154
Registered No. 18

2. FULL NAME Nannie Allen 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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	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 <u>Geo. L. Hickman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21 1860</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>3</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW		11. Total time (years) spent in this occupation.....
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).....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1935, to Nov 8, 1935
I last saw him alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Probably cerebral hemorrhage
Sensibility Paralysis Diarrhea
atony of Intestines
Date of onset Sept 7

Other contributory causes of importance:
Sensibility Paralysis Diarrhea
atony of Intestines
Name of operation Date of
What test confirmed diagnosis?..... Was there an autopsy?.....

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?..... (S. ecify 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) W. C. Alward, M. D.
(Address) Noel Mo

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tazewell, Va.</u>
	13. NAME <u>James Allen</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>do not know</u>
	15. MAIDEN NAME
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT <u>Conley Hickman</u> (ADDRESS) <u>Noel, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Anderson</u> DATE <u>Nov. 15 35</u>	
19. UNDERTAKER <u>Lee O. Carnell</u> (ADDRESS) <u>Pineville Mo.</u>	
20. FILED <u>11-25-</u> 19 <u>35</u> <u>W. C. Alward</u> Registrar.	

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.

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

