

JAN 23 1936

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

Do not use this space.

4756  
39614

1. PLACE OF DEATH

County Jackson Registration District No. 2  
Township Ross Primary Registration District No. 1  
City Rauas Co. Mo. (No. 5617 Woodland) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Abner Wickersham  
(a) Residence, No. 5617 Woodland St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Wickersham  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
74 2 21

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) (STATE OR COUNTRY) Iowa

13. NAME Ernoch Wickersham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Hanna Owen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Nettie Stanley  
5617 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE M<sup>c</sup>Clouth Kay DATE 12/15 1935

19. UNDERTAKER O. V. NAST FUNERAL HOME, Inc.  
(ADDRESS) 3146 Main St

20. FILED 12-14 1935 M. M. Crowl  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-30-35, 1935, to 12-9, 1935

I last saw h. live alive on 12-9, 1935. Death is said

to have occurred on the date stated above, at 5a m.

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

Ch Myocarditis

Date of onset

Other contributory causes of importance:

131  
nephritis Ch  
arterio sclerosis  
pneumonia alveolaris

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? \_\_\_\_\_  
(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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Alvin V. Leish, M. D.  
(Address) 1806 professional

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.

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Dr. G. V. Feist

Profermanae Bldg

Va 8444

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