

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.

MAR 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County Ralls
Township Sareston
City X (No. X)

Registration District No. 726
Primary Registration District No. 8-9-0-5

File No. 7271
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Eugene Wickersham

(a) Residence, No. Sareston Township Ralls Co. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Wickersham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 15, 1856</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>23</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	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)	

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Hannibal Missouri

13. NAME
James Wickersham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

MOTHER

15. MAIDEN NAME
Millicent Sibley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ralls County Missouri

17. INFORMANT (ADDRESS)
Ms Mary Wickersham (Wife) R 3 Hannibal, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE
Antioch, Ralls Co DATE Feb. 12, 1936

19. UNDERTAKER (ADDRESS)
Wm M Smith 902 1/2 Broadway Hannibal, Mo

20. FILED Feb 14 1936 Blanche Ingram Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1936, to Feb. 8, 1936

I last saw him alive on Feb. 8, 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Cystitis due to enlarged Prostate and General Septicemia

Date of onset

Other contributory causes of importance:

Senility

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) A. B. Blue, M. D.
(Address) _____

It is stated that the above information was obtained from a confidential source who has provided reliable information in the past. The source is not identified and the information is being provided for your information only. It is not to be disseminated outside your office.