

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

Do not use this space.

OCT 20 1936

33573

1. PLACE OF DEATH

County Barry
Township Washburn
City Washburn (No. 1)

Registration District No. 37
Primary Registration District No. 5053

File No.
Registered No.
St. Ward)

2. FULL NAME

Anna Mae Hickey
(a) Residence, No. 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 F.M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 - 1912

7. AGE YEARS 19 MONTHS 8 DAYS 7 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Washburn, Mo

FATHER 13. NAME Snow Hickey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washburn Mo

MOTHER 15. MAIDEN NAME Laughlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washburn Mo

17. INFORMANT (ADDRESS) Snow Hickey Washburn, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washburn Burial DATE 9/14 1936

19. UNDERTAKER (ADDRESS) Keene Funeral service Garrison, Mo

20. FILED 10/10 1936 Jewell Keller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1936, to Sept. 12, 1936
I last saw her alive on Sept. 15, 1936. Death is said to have occurred on the date stated above, at 2:10 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Date of onset May 1936
Other contributory causes of importance:
g.s.

Name of operation Date of
What test confirmed diagnosis? X-ray 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) Dr. Chas. R. Brown D.
(Address) Seligman 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.

