JAN 23 1937

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

Do not use this space.

35397-1

1. PLACE OF DEATH
County St Francois — Registration District No. 771 — File No.
Township — Primary Registration District No. 4462 — Registered No.
City Bismarck (No. ..... St. ..... Ward)

2. FULL NAME Herbert E Sick

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. 11 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) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 - 1935

7. AGE — YEARS — MONTHS 11 — DAYS ✓ — 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) Bismarck Mo

FATHER
13. NAME Rolla Sick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Arc Mo Mo

MOTHER
15. MAIDEN NAME Goldie - Stuart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cantwell Mo

17. INFORMANT (ADDRESS) Rolla Sick Bismarck Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bismarck Mo DATE Sept 3 - 1936

19. UNDERTAKER (ADDRESS) C J Hill Bismarck Mo

20. FILED Nov. 27, 1936 F W Gale MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1936, to Sept 2, 1936
I last saw him alive on Sept 1, 1936. Death is said to have occurred on the date stated above, at 9 am m.
The principal cause of death and related causes of importance were as follows:

Cholera Infantum

Date of onset

Other contributory causes of importance:

Inanition

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) Jas W. Huffman, M. D.
(Address) Bismarck

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