

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

Do not use this space.

JAN 21 1937

44557

1. PLACE OF DEATH
 County St. Louis Registration District No. 361
 Township Grass Tumble Primary Registration District No. 5506
 City _____ (No. _____) St. _____ Ward _____

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/24/36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) Grass Tumble, Mo

13. NAME Hermit Hickman

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

15. MAIDEN NAME Alma Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT L. J. Martin
 (ADDRESS) Grass Tumble, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grass Tumble, Dec 24, 1936

19. UNDERTAKER (ADDRESS) L. J. Martin, Grass Tumble, Mo

20. FILED Dec 25, 1936 B. O. Piccott
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936 to Dec 24, 1936
 I last saw her alive on 12/24, 1936 Death is said to have occurred on the date stated above, at 7:39 a.m.

The principal cause of death and related causes of importance were as follows:
Pneumonia Bact
Asphyxia Sanguis
 Date of onset 1936

Other contributory causes of importance:
Asphyxia Sanguis

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 L. J. Martin
 (Signed) _____, M. D.
 (Address) Grass Tumble, 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.

