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.

JAN 21 1937

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

Do not use this space.

45542

1. PLACE OF DEATH
County: Monroe — Registration District No.: 578 — File No.:
Township: Clay — Primary Registration District No.: 5782 — Registered No.:
City: (No. St. Ward)

2. FULL NAME: Anna Belle Hickey

(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 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm P. Hickey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30, 1865

7. AGE: Years 71 — Months 6 — Days 15 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Monroe Co., Mo.

FATHER
13. NAME: Wm B. Craig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Mary Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT: Paul Hickey
(ADDRESS): Shelbina, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Paris, Mo. DATE: 12/17 1936

19. UNDERTAKER: Speed - Blakey
(ADDRESS): Paris, Mo.

20. FILED: 12/16 1936 Logan Ewan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1936, to Dec. 15 1936
I last saw her alive on Dec. 15 1936. Death is said to have occurred on the date stated above, at 6:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) J. O. Freeman, M. D.
(Address) Shelbina, Mo.