

FEB 17 1937

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

Do not use this space.

1075

1. PLACE OF DEATH

County Henry  
Township White Oak  
City Urich (No. ....)

Registration District No. 347  
Primary Registration District No. 5495

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Ellen Bicknell

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 2 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? 68 yrs. 6 mos. 10 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B. G. Bicknell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4-1869</u>		
7. AGE <u>68</u>	YEARS <u>10</u>	MONTHS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		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) <u>Texas County Mo.</u>
13. NAME <u>Sister Louise</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Houston Texas</u>
15. MAIDEN NAME <u>Mrs. M. C. Schinner</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>
17. INFORMANT <u>Mrs. A. M. Schinner</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Int. moriah</u> DATE <u>Jan 16 1937</u>
19. UNDERTAKER <u>Smith &amp; Graham</u> <u>Urich, Mo.</u>
20. FILED <u>1-25-37</u> <u>J. B. Harp</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 5 1936, to Jan 13 1937

I last saw him alive on Jan 13 1937. Death is said to have occurred on the date stated above, at 1:20 p.m.

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

Carcinoma of Stomach  
Adenocarcinoma

Date of onset ?

Other contributory causes of importance None

Name of operation None Date of None

What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 1937  
Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) J. G. McDaniel M. D.  
(Address) Urich, Mo.



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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Henry  
Township White Oak  
City                      (No.                     )

Registration District No. 347  
Primary Registration District No. 3495-

File No.                       
Registered No.                       
St.                      Ward                     

**2. FULL NAME**

Ellen Bicknell

(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. da. 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

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

8. AGE YEARS 68 MONTHS                      DAYS 10 If LESS than 1 day,                      hrs. or                      min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

14. NAME

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

16. MAIDEN NAME

17. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

18. INFORMANT (ADDRESS)

19. BURIAL, CREMATION, OR REMOVAL

PLACE                      DATE                     , 19                    

20. UNDERTAKER (ADDRESS)

21. FILED 1-25 1937 J. B. Houghton Registrar

**MEDICAL CERTIFICATE OF DEATH**

22. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1937

23. I HEREBY CERTIFY, That I attended deceased from                     , 19                    , to                     , 19                    

I last saw                      alive on                     , 19                    . Death is said to have occurred on the date stated above, at                      m.

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

Carcinoma of stomach and liver Date of onset                     

Stomach. Primary seat of malignancy. 7 yrs

Other contributory causes of importance:                     

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy?                     

24. 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                     

25. Was disease or injury in any way related to occupation of deceased?                     

If so, specify                      (Signed) J. E. McDaniel, M. D.

(Address)                     

**SUPPLEMENT**

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.

S-1075