

FEB 25 1937

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

Do not use this space.

1243

1. PLACE OF DEATH

County Jackson

Registration District No.

Township Kaw

Primary Registration District No.

City Kansas City(No. Research Hospital)

File No.

Registered No. 320

St. Ward

2. FULL NAME Mrs Maggie Hickman(a) Residence, No. 128 North Lawn St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhiteMarried

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

Garland Hickman

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

Oct 25th 1868

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

6828

OCCUPATION

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

Housewife

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

235

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)

Ireland

MOTHER FATHER

13. NAME Martin Langan

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

Ireland15. MAIDEN NAME Bridget Lally

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

Ireland17. INFORMANT Garland Hickman
(ADDRESS) 128 North Lawn

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's DATE Jan 5th 193719. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS) Kansas City, Mo20. FILED 1-4 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd 193722. I HEREBY CERTIFY, That I attended deceased from Dec 18th 1936, to Jan 3rd 1937, 1937I last saw h. e. r. alive on Jan 15, 1937 Death is saidto have occurred on the date stated above, at 2.13am.

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

Cerebral Thrombosis - right internal carotid A. + H. middle meningeal A.
Date of onset Dec 31st

Other contributory causes of importance:

Hypertensive heart disease, long Old Rheumatic Mitral StenosisName of operation 0 Date of What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) list in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur?

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? NoIf so, specify (Signed) J. A. Wilkinson, M. D.(Address) 700 Professional Bldg

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.

Prof Bldg ~~W~~ Vi 5767

5900 St John ch-2642

res 3531 ~~St John~~ Gladstone Be 1515