

FEB 17 1937

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

Do not use this space.

1972

1. PLACE OF DEATH

County Salado
Township Shannon
City Shannon (No. 2)

Registration District No. 449
Primary Registration District No. 4267

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Orvil W. Stickman

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 11 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire
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) Combustion

13. NAME Orvil W. Stickman

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

15. MAIDEN NAME Orvil W. Stickman

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

17. INFORMANT (ADDRESS) Mr. Orvil W. Stickman

18. BURIAL, CREMATION, OR REMOVAL PLACE Shannon Mo. DATE Jan 12 1937

19. UNDERTAKER (ADDRESS) Palmer Shannon

20. FILED 1-11-1937 J. A. McCune Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23 1936, to Jan 10 1937
I last saw him alive on Jan 7 1936. Death is said to have occurred on the date stated above, at 11:50 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____

Chronic Liver Myocarditis + Phlebotomy

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis Physic 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? _____

If so, specify _____ (Signed) J. L. Berry, M. D.
(Address) Shannon Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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