

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

Do not use this space.

1. PLACE OF DEATH
 County Shrewsbury
 Township American
 City Shrewsbury (No. _____) St. _____ Ward _____

Registration District No. 497
 Primary Registration District No. 4309

4651
 File No. _____
 Registered No. 24

2. FULL NAME Joseph Wickell
 (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 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Wickell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor
 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) Nov 21st 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shrewsbury Mo.

13. NAME M. R. F. Wickell

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

15. MAIDEN NAME Nancy R. Robinson

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

17. INFORMANT Perry Wickell
 (ADDRESS) Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Oak DATE Nov 27, 1936

19. UNDERTAKER S. W. Hummel
 (ADDRESS) Browning, Mo.

20. FILED Dec. 7 1936 Mrs. Lila Williams
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 10 a.m. 1936, to Nov 25 4:25 p.m. 1936
 I last saw him alive on Nov 25, 1936 Death is said to have occurred on the date stated above, at 4:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Peptic Ulcer
 Date of onset _____
 Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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. P. McAuliffe, M. D.
 (Address) Browning Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

