

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Andrew Registration District No. 15
Township Empire Primary Registration District No. 5018
City Union Star (No. St. Ward)File No. 4835Registered No. 2

2. FULL NAME

Mary Caroline Hickox
(a) Residence, No. Union Star No. 2 St. 1 Ward. (If nonresident, give city or town and State)Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</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>Albert Hickox</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 1855</u>				
7. AGE YEARS <u>79</u>	MONTHS <u>8</u>	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>January 1937</u>			
11. Total time (years) spent in this occupation.....				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wautauga Ill.</u>				
FATHER	13. NAME <u>Alfred Squire</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
MOTHER	15. MAIDEN NAME <u>Hannah Stephens</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
17. INFORMANT <u>Frances Howell</u> (ADDRESS) <u>Union Star No. 2</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star</u> DATE <u>Feb. 26 1937</u>				
19. UNDERTAKER <u>Louis M. Wilson</u> (ADDRESS) <u>King City, Mo.</u>				
20. FILED <u>Feb. 25 1937</u> <u>W. S. D. Jeffrey</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-23 1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>2-1 1937</u> to <u>2-23 1937</u> I last saw <u>in</u> alive on <u>2-23 1937</u> . Death is said to have occurred on the date stated above, at <u>11 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Carcinoma Liver</u> <u>& Duodenum</u>
Other contributory causes of importance: <u>None</u>
Name of operation <u>None</u> Date of.....
What test confirmed diagnosis? <u>Chemical</u> 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? <u>no</u> If so, specify..... (Signed) <u>E. M. Reynolds</u> M. D. (Address) <u>Union Star No. 2</u>

WRITE PLAINLY, WITH UNFADING INK—THE IS A RECORD

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.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Andrew
Township Empire
City (No.) (St.) (Ward)

Registration District No. 15
Primary Registration District No. 5018

File No. 4835-
Registered No.

2. FULL NAME

Mary Caroline Hickoy
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS 79 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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, months, days) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 2-24-37 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2. 23 1937

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

I last saw him/her 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 liver and duodenum
Primarily Liver

Date of onset

Other contributory causes of importance:

Name of operation 410 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?

If so, specify
(Signed) E. M. Reynolds M. D.
(Address) Union Star Ins

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-4835