

MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Newton
Township Neosho
City (No. _____) _____

Registration District No. 609
Primary Registration District No. 5808

File No. 7424
Registered No. 20
St. _____ Ward _____

2. FULL NAME

Thelma Virginia Hickey

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 29, 1936</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	
		DAYS
		<u>Infant</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>Infant</u>	11. Total time (years) spent in this occupation _____
	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) _____	

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

13. NAME Hershel Hickey

14. BIRTHPLACE (CITY OR TOWN) Webb City
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Francis Burris

16. BIRTHPLACE (CITY OR TOWN) Barry County
(STATE OR COUNTRY) Missouri

17. INFORMANT Hershel Hickey
(ADDRESS) Neosho Mo. R #15

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carterville Cemetery DATE 2-20 1937

19. UNDERTAKER Orley Thompson
(ADDRESS) Neosho Mo.

20. FILED 2-20 1937 Orval A. Dale
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1937, to 2-13, 1937

I last saw her alive on 2-13, 1937. Death is said to have occurred on the date stated above, at 8:30 P.m.

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

Bronchial pneumonia Date of onset _____

No complications such as

massed, whooping cough

etc. prior to or along

Other contributory causes of importance:

with Bronchial pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? 1070 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) M. C. Brown, M. D.

(Address) Neosho, Mo.

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.

