

MAR 24 1937

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

Do not use this space.

7609

File No. 53  
Registered No. 668  
St. \_\_\_\_\_ Ward)

## 1. PLACE OF DEATH

County PettisRegistration District No. 668

Township \_\_\_\_\_

Primary Registration District No. 3032City Sedalia (No. Sedalia)2. FULL NAME Mary Hickman(a) Residence, No. City Hospital 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 Unknown Unknown

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. Self

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) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Co Mo.17. INFORMANT Virjan Holt (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sedalia Mo DATE Feb 19 193719. UNDERTAKER T. D. Ferguson (ADDRESS) Sedalia20. FILED Feb 19 1937 Jean Slack Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 193722. I HEREBY CERTIFY That I attended deceased from May 1 1936, to Feb 16 1937I last saw her alive on Feb 16 1937. Death is saidto have occurred on the date stated above, at 1:30 p.m.

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

Stroke Disease

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 \_\_\_\_\_, 1937

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) A. H. C. Sawyer, M. D.

(Address) \_\_\_\_\_

JUN 2 1943