

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. (No. 100)Barnes HospitalFile No. 9970Registered No. 2530

St. .... Ward .....

2. FULL NAME John Lafayette Hickman(a) Residence, No. .... St., N.R. Ward. Piedmont, Mo.

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Hickman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10th, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>68</u>	<u>64</u>	<u>10</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vetenarian

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) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Thomas Hickman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Mary Laster16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas17. INFORMANT Henry Hickman  
(ADDRESS) 752 N. Euclid Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE Des Arc, Mo. DATE March 5th, 193719. UNDERTAKER Albert H. Hoppe Inc.  
(ADDRESS) 1429 N. Euclid Avenue20. FILED MSD 4 1937  
J. Predeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2, 193722. I HEREBY CERTIFY, That I attended deceased from 2-22, 1937, to 3-2, 1937I last saw him alive on 3-2, 1937 Death is said to have occurred on the date stated above, at 9:15 p.m.

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

HYPERTENSIVE CARDIO - VASCULAR-RENAL DISEASE? Date of onset 6 WKSOther contributory causes of importance: 1/21Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes23. 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) Paul Kumbel, M. D.  
(Address) 31. NES HICKMAN

WRITE PLAINLY WITH UNFADING INK. THIS IS AN ORIGINAL RECORD.

X704

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.

