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.

APR 26 1937

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

Do not use this space.

File No. 13119

Registered No. 70

1. PLACE OF DEATH

County Randolph — Registration District No. 735

Township Sugar Creek — Primary Registration District No. 3034

City Moberly (No. Woodland Hospital St. Ward)

2. FULL NAME Hicken, Stillborn infant

(a) Residence, No. Huntsville, Mo. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

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

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Moberly, Mo.

FATHER

13. NAME Hicken, Benjamin

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

MOTHER

15. MAIDEN NAME Seville, Elizabeth Benjamin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County Mo.

17. INFORMANT (ADDRESS) Mrs. Elizabeth Hicken Huntsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS) Disposed of by Hospital

20. FILED Mar. 11, 1937 Ethel Cleeton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to March 4, 1937

I last saw him 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:

Still Born (4th month) — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) [signature], M. D.

(Address) Moberly, Mo.