

MAY 19 1937

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

Do not use this space.

16004
May 7, 1937
12

1. PLACE OF DEATH
 20 County Cedar Registration District No. 165-
 Township Washington Primary Registration District No. 5234
 City Cape Girardeau (No.) St. Ward)
 2. FULL NAME Edward Wickers
 (a) Residence No. 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Wickers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 85 5 1
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farming
 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) Missouri
 13. NAME ?
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?
 15. MAIDEN NAME ?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT Vickers Cape Girardeau Mills (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau Mills DATE April 7, 1937
 19. UNDERTAKER W. C. Davis & Co. (ADDRESS) Stockton Mo.
 20. FILED May 7, 1937 Mrs. J. A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1937
 22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935 to April 6, 1937
 I last saw him alive on April 3, 1937. 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:
 Chronic Nephritis
 Leakage of heart
 Date of onset

Other contributory causes of importance: 131

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, 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) H. S. Simrell, M. D.
 (Address) Stockton Mo.

