

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH.

County Jennison
Township Hayti
City _____ (No. _____)

Registration District No. 653
Primary Registration District No. 5864

4
File No. 17179
Registered No. 41
St. _____ Ward _____

2. FULL NAME Otis Hickerson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Boy

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 5 yr. old boy

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937 to April 20, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-28-1934

I last saw him alive on April 20, 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. _____ min.
3 3 21

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child
10. Date deceased last worked at this occupation (month and year) child 11. Total time (years) spent in this occupation child

Other contributory causes of importance:
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

FATHER
13. NAME Jack Hickerson

Name of operation _____ Date of _____
What test confirmed diagnosis? Stl Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER
15. MAIDEN NAME Marie Wilson

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT mother Marie Wilson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston mo 4-21-1937

19. UNDERTAKER friends & neighbors (ADDRESS)

20. FILED 4-22-1937 J. W. Hodges Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) appling, M. D.
(Address) Hayti, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pemiscot
Township Hayti
City (No.) (No.) St. (Ward)

Registration District No. 653
Primary Registration District No. 3864

File No. 17179
Registered No. _____

2. FULL NAME Otis Hickerson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Boy

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 3 21

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

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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 6.29 1937

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19__.

I last saw h. _____ 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:

acute indigestion Date of onset _____

Other contributory causes of importance: could not know (Gw Rhoda)

Name of operation _____ Date of _____
What test confirmed diagnosis? 110 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) A. H. Shirley, M. D.
(Address) Hayti, Mo

Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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