MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH 110 County Washington Registration District No. 887 File No. 17874
Township Union Town Primary Registration District No. 6182 Registered No.
City (No. , St. Ward)

2. FULL NAME Charles Wickersham
(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 M.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Moss
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1878
7. AGE YEARS 57 MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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) Fertile Mo.

FATHER
13. NAME John Wickersham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fertile Mo.

MOTHER
15. MAIDEN NAME Dorothy Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Mrs Wickersham
18. BURIAL, CREMATION, OR REMOVAL PLACE Tiff Mo DATE April 10 1937
19. UNDERTAKER (ADDRESS) J. B. Boyer
20. FILED April 21 1937 G. F. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1937
22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to April 9, 1937
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Date of onset
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Other contributory causes of importance:
Chronic Nephritis
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) G. F. Cresswell, M. D.
(Address) Potosi, Mo

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