

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ralls
Township Center
City Center (No. 2)

Registration District No. 725-
Primary Registration District No. 4431

File No. 21058

Registered No. _____
St. _____ Ward _____

2. FULL NAME Edward C Wicks

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

Length of residence in city or town where death occurred 25 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 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) Jan 22 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
25 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage
10. Date deceased last worked at this occupation (month and year) May 24 1937 11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Mo

13. NAME W N Wicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

15. MAIDEN NAME Edith Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Mo

17. INFORMANT Mrs. Edith Wicks (ADDRESS) Center Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Center DATE May 31 1937

19. UNDERTAKER Giles R. Hulse (ADDRESS) Center Mo

20. FILED June 8 1937 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25 1937, to May 28 1937.
I last saw him alive on May 28 1937. Death is said to have occurred on the date stated above, at 7:25p am.

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

Acute Myocarditis Date of onset 5/24
Unknown bacterial origin

Name of operation _____ Date of _____
What test confirmed diagnosis? Myo Exam 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) C. H. Brooks, M. D.
(Address) Center, Mo.

