

JUL 27 1937

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

Do not use this space.

23464

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1. PLACE OF DEATH

County Osage Registration District No. 198
Township Fishert Primary Registration District No. 3011
City Excelsior Springs (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Alice Augusta Sickle
(a) Residence, No. Sumner Road St. Ward.
(Usual place of abode) Excelsior Springs (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 16 hrs. or 30 min.

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) Excelsior Springs, Mo.

13. NAME William Sickle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henterville, Mo.

15. MAIDEN NAME Goldie Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lerington, Mo.

17. INFORMANT (ADDRESS) William Sickle
Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE June 11, 1937

19. UNDERTAKER (ADDRESS) Claude Puchart
Excelsior Springs, Mo.

20. FILED June 11, 1937 Louisa McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1937, to 6-10, 1937

I last saw h. 9 alive on 6-10-37, 19... Death is said to have occurred on the date stated above, at 330 m.

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

Failure closure Foremen Ouch Date of onset

Other contributory causes of importance: 15 hr
(8 month child)

Name of operation none Date of

What test confirmed diagnosis? history Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify SK M. Crutten (Signed), M. D.
(Address) Excelsior Springs, Mo.

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.

