

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid Registration District No. 604
Township Wills Primary Registration District No. 5802
City Keweenaw, Mo. (No.) St. Ward)

File No. 24412

2. FULL NAME

Chas. Hickel
(a) Residence, No. Keweenaw, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 — —

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

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) Ferdoukton, Mo.

13. NAME Anderson

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

15. MAIDEN NAME Anderson

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

17. INFORMANT Floyd Hickel
(ADDRESS) Keweenaw, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dicklatast, Mo. DATE May 24, 1937

19. UNDERTAKER Anna Elie
(ADDRESS) Dicklatast, Mo.

20. FILED 7/12/37 Wm. O. Banner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to May 20, 1937

I last saw him alive on May 20, 1937. Death is said to have occurred on the date stated above, at 4:20 m.

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

Diphtheria Mellitum 1926
59
Other contributory causes of importance:
Asphyxia
Acidility 1926

Name of operation no Date of no

What test confirmed diagnosis? no 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?

If so, specify (Signed) Wm. O. Banner, M. D.

(Address) Dicklatast, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

