

AUG 18 1937

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

Do not use this space.

26519

## 1. PLACE OF DEATH

County AdairRegistration District No. 4Township 1Primary Registration District No. 3001City Kirksville, Mo. (No. ....)

St. .... Ward)

2. FULL NAME Mary A. VanSickle(a) Residence, No. 515 E. McPherson 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

Female

## 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 OFJ. H. VanSickle

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

July 14, 1868

## 7. AGE

YEARS

69

MONTHS

0

DAYS

3If LESS than 1  
day, ..... hrz.  
or ..... min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housewife9. 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)

Stahl, Mo.

(STATE OR COUNTRY)

## FATHER

## 13. NAME

John Brawnell

## 14. BIRTHPLACE (CITY OR TOWN)

Stahl, Mo.

(STATE OR COUNTRY)

## MOTHER

## 15. MAIDEN NAME

Ellen Joy

## 16. BIRTHPLACE (CITY OR TOWN)

Bevier, Mo.

(STATE OR COUNTRY)

## 17. INFORMANT

(ADDRESS)

M. A. VanSickle

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Green GroveDATE July 18 1937

## 19. UNDERTAKER

(ADDRESS)

Davis Funeral Home  
Kirksville, Mo.

## 20. FILED

July 19, 1937Spencer L. Freeman  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

7-18-3722. I HEREBY CERTIFY, That I ~~attended~~ attended deceased ~~from~~ from7-7-37 1937 19I last saw her 370 1937 19

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

Pulmonary  
tuberculosis which  
was the cause of  
a hemorrhage which  
caused her death

Date of onset

Other contributory causes of importance:

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 .....

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)

(Address)

L. B. Furman  
Kirksville, Mo.

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

50M-22-36  
1-1-37

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.

