

SEP 21 1937

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

Do not use this space.

31288

1. PLACE OF DEATH

County Montgomery  
Township Supporter  
City Wellsville Mo (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

Registration District No. 595  
Primary Registration District No. 5791

File No. 13  
Registered No. 15

2. FULL NAME

Herman Harry Wicklin

(a) Residence, No. Wellsville Mo St. \_\_\_\_\_, Ward \_\_\_\_\_

Length of residence in city or town where death occurred 55 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 25 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 4 17

8. Trade, profession, or particular kind of work done, as spinner, 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) Red Bud Ill.

13. NAME Andrew Wicklin

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

15. MAIDEN NAME Caroline Stein

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

17. INFORMANT (ADDRESS) H. H. Wicklin Wellsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Mo DATE Aug-14 1937

19. UNDERTAKER (ADDRESS) F. W. Rehrer Wellsville Mo

20. FILED Aug 14 1937 Mrs Mike Mc Dermott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1937

22. I HEREBY CERTIFY That I attended deceased from 8-26 to 8-12-37, 1937. I last saw him alive on 8-12, 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Carcinoma of Buccal Cavity Date of onset ?

Other contributory causes of importance Myocarditis ?

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 1

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. J. B. [Signature] M. D.  
(Address) Wellsville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Handwritten text, possibly a signature or date, located in the upper right quadrant of the page.

Handwritten text, possibly a signature or name, located in the middle right section of the page.

Handwritten text, possibly a signature or name, located in the lower right section of the page.