

SEP 22 1937

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

Do not use this space.

31456

227

586

668

1. PLACE OF DEATH

County Pettis
Township Cedar
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 5894

File No. _____
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mrs. Clara K. Lickamy
(Usual place of abode) Route 4, Sedalia Ward _____

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. H. Lickamy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17, 1874</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>1</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as milk mill, saw mill, bank, etc.	<u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Seymour Kentucky13. NAME
Jessie Garrick14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky15. MAIDEN NAME
Cecilie Thompson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky17. INFORMANT (ADDRESS)
Mrs. Robert Rogers Sedalia18. BURIAL, CREATION, OR REMOVAL PLACES
Longwood DATE 8-3 193719. UNDERTAKER (ADDRESS)
Bessie Lewis20. FILED Aug 3 1937 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Aug 2 1937
Last saw him alive on Aug 2 1937 Death is said to have occurred on the date stated above, at 7:00 p. m.

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

Cholecystitis acute Date of onset June 37
(Probably carcinoma of liver)
Other contributory causes of importance: Obesity etc.

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 9 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) A. D. Walter M. D.
(Address) Sedalia 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.

