OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Clinton.
Township Shoal
City Cameron (No. ..., ... St. ..... Ward)

Registration District No. 204
Primary Registration District No. 2013

File No. 33996
Registered No. 38

2. FULL NAME Paul Thomas Fiddick.

(a) Residence, No. ..... 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: 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: Ruth Fiddick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 11, 1896

7. AGE: YEARS 41 | MONTHS 2 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Clerk
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): Floyd Co. Iowa.

FATHER
13. NAME: Thomas Fiddick.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

MOTHER
15. MAIDEN NAME: Eva E Hurd.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

17. INFORMANT (ADDRESS): Thomas Fiddick Cameron

18. BURIAL, CREMATION, OR REMOVAL
PLACE Graceland DATE 10-10-1937

19. UNDERTAKER (ADDRESS): J. W. Poland Cameron

20. FILED 10/10 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to Oct 8, 1937
I last saw him alive on Oct 8, 1937. Death is said to have occurred on the date stated above, at 3.00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of Caecum	Jan '35

Other contributory causes of importance: 46

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? no
If so, specify .....
(Signed) J. O. Kimes, M. D.
(Address) 312 N. Main, Cameron, 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.

MAR 2 194[illegible]

JUN 28 1945