

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

Do not use this space.

OCT 20 1937

34304

1. PLACE OF DEATH

County Grundy
Township Fronton
City Weldon

Registration District No. 328
Primary Registration District No. 3017

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

2. FULL NAME

Laura Oce Hickman

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) 4:30 PM 2 Sept 37 To 4:30 AM 3 Sept 37 Spickard Mo
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 OF Forest Hickman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
41 9 15 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Mercer County Missouri

13. NAME William Millner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Indiana

15. MAIDEN NAME Dicie Perkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer County Missouri

17. INFORMANT Forest Hickman
(ADDRESS) Spicka rd Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wilds Chappel DATE Sept 4 1937

19. UNDERTAKER Chas E Schooler Spickard Mo
(ADDRESS) _____

20. FILED 9-4 1937 Irene J Fair
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1937

22. I HEREBY CERTIFY, That I attended deceased from 9:30 PM 2 Sept 1937, to 4:40 AM 3 Sept 1937.
I last saw him alive on 3 Sept 1937. Death is said to have occurred on the date stated above, at 4:40 a.m.

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

Chronic Interstitial nephritis and Chronic Myo carditis Date of onset Nov 1920

Other contributory causes of importance:

Child birth 6 days prior Large Ventral hernia

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 _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) E. G. Duffy M.D., M. D.
(Address) Spicka rd 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.

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

34304
Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 328
 (b) Township _____ Primary Registration District No. 3017 Registered No. _____
 (c) City Trenton (d) Street No. Wright Memorial St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Laura Lee Hickman
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 9 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 5-18 1938 Jared D Jew Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__

I last saw h. _____ alive on _____, 19__ Death is said

to have occurred on the date stated above, at _____ m.

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

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 _____, 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) E. A. Duffy, M. D.

(Address) Trenton Mo

SUPPLEMENTARY

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