

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Veruon
Township Washington
City (No. _____) _____

Registration District No. 875
Primary Registration District No. 6162

File No. 35561
Registered No. 252
St. _____ Ward _____

2. FULL NAME

Geo. P. Hickney
(a) Residence, No. State Hospital # 7 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 13 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) wid.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1865
7. AGE YEARS 72 MONTHS 0 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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. farmer
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)) California

13. NAME Nathan Hockney

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

15. MAIDEN NAME Virginia Seruago

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

17. INFORMANT Juan Hockney (ADDRESS) Nevada

18. BURIAL, CREMATION, OR REMOVAL Cornet DATE Oct 2 1937

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada

20. FILED Oct 2 1937 Allen Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14 1937, to Oct 1 1937.

I last saw him alive on _____, 1937. Death is said to have occurred on the date stated above, at 4:30 m.

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

Other contributory causes of importance:
degenerative myocarditis

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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. J. O'Neil M. D.
(Address) Nevada, 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.

