

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.

17-106

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. Resthoven) St. _____ Ward _____

File No. 36873
Registered No. 4202

2. FULL NAME

Anna B. Hickman

(a) Residence, No. Cashmore Heights Ward. Kearney Neb
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William O Hickman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-13-1872
7. AGE YEARS 65 MONTHS 5 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Lanesville Ohio

13. NAME B. F. Rich

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

15. MAIDEN NAME Do not know

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

17. INFORMANT (ADDRESS) Adaline Hickman 501 Kueblerbocker Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney Neb. DATE 10/27/37

19. UNDERTAKER (ADDRESS) Wm Max Home 3146 Main St.

20. FILED Oct 26 1937 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1937, to Oct 26, 1937
I last saw her alive on Oct 23 37, 1937 Death is said to have occurred on the date stated above, at 9:30 am
The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix
48
Other contributory causes of importance: generalized carcinomatous metastasis

Name of operation Radiation implant Date of Aug 17 1937
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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) James J. Currie M. D.
(Address) 820 Professional Bldg.

Ship to Bower Funeral Home Kearney Neb

