NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Warren
Township: Charrette
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 8 8 4
Primary Registration District No. 6176

File No. 39064
Registered No. 23

2. FULL NAME: Elizabeth Lickman

(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 72 yrs. 11 mos. 23 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)~~: Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (~~OR~~) WIFE OF: Anton Lickman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 7. 1865

7. AGE: YEARS 72 | MONTHS 11 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: Housewife
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): Concord Hill Mo

FATHER
13. NAME: Benard Lickman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Simmons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT: H. J. Lickman
(ADDRESS) Marthasville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Concord Hill DATE: Oct 4, 1937

19. UNDERTAKER: Fred W. Lichtenberg
(ADDRESS) Marthasville Mo

20. FILED: Oct 2, 1937 J. C. Johnson
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 June, 1937, to Sept 1, 1937. Last saw her alive on Sept 30, 1937. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Greater Curvature of Stomach	on or about Feb 1937

Other contributory causes of importance: .....

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. C. Johnson, M. D.
(Address) Marthasville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.