DEC 23 1937

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

Do not use this space.

41991

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No.
Township — Primary Registration District No. 4363 — Registered No. 124
City Neosho (No. Reynolds Hospital St. Ward)

2. FULL NAME Agustus Boilvin Hickman
(a) Residence, No. 628 So. Lafayette St., Ward. (If nonresident, give city or town and State)
(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

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): Julia A. Hickman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
83	2	7	

OCCUPATION
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.
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) St. Louis Missouri

FATHER
13. NAME William L. Hickman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Kentucky

MOTHER
15. MAIDEN NAME Anna F. Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnatti Ohio

17. INFORMANT (ADDRESS) Julia A. Hickman 628 So. Lafayette Neosho Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis Mo. DATE Nov. 21, 1937

19. UNDERTAKER (ADDRESS) Corley Thompson Neosho Missouri

20. FILED 11-20, 1937 Onald Sale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1937, to Nov 19, 1937
I last saw him alive on Nov 19, 1937. Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:
Uremia

131

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) J. R. Reynolds, M. D.
(Address) Neosho 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.

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