

DEC 27 1937

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

Do not use this space.

42207

1. PLACE OF DEATH

County Polk Registration District No. 707  
Township East Lacey Primary Registration District No. 6-9-36  
City Marionville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Cora Bell Fickler

(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 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1880  
7. AGE YEARS 57 MONTHS 1 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
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) Polk County, Mo.

13. NAME Calvin R. Fickler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

15. MAIDEN NAME Jaranyo Fickler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County, Mo.

17. INFORMANT (ADDRESS) Mrs. Calvin Fickler, Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Slagle DATE Oct. 22, 1937

19. UNDERTAKER (ADDRESS) White-Corwin Funeral Home, Warsaw, Mo.

20. FILED Nov. 11, 1937 Mrs. Hattie M. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from and death was caused by 19\_\_\_\_  
I caused fatal Death is said to have occurred on the date stated above, at 3:30 p. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis 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? \_\_\_\_\_, specify \_\_\_\_\_

(Signed) J. W. B. Dick M. D.

(Address) Bohler, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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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