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.

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 — File No. 1621
Township Kaw — Primary Registration District No. 1002 — Registered No. 309
City Kansas City, Mo (No. St. Lukes Hospital St. Ward)

2. FULL NAME Miss Judith Ann Wickers 3 L 2
(a) Residence, No. 1112 West 41st Terrace 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1938

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Kansas City Missouri

FATHER
13. NAME Julius Wickers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

MOTHER
15. MAIDEN NAME Ethel Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Julius W. Wickers 1112 West 41st Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Jan. 20 1938

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway

20. FILED Jan 20, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1938, to 1/19, 1938
I last saw her alive on 1/19, 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Birth Injury	16 0 [illegible]

Other contributory causes of importance:
Pneumonia
Aspiration

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy 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) C. B. [illegible], M. D.
(Address) 201 Plaza Theatre

RECEIVED
FEB 1 9 1937
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MO. STATE BOARD OF HEALTH

Dr Ralph Wilson
Plaza Theater Bldg.
10:30 A.M.
Thurs.