

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

Do not use this space.

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2367

1. PLACE OF DEATH
 County Cedar Registration District No. 163
 Township _____ Primary Registration District No. 4095
 City Eldorado Springs (No. _____) St. _____ Ward _____
 2. FULL NAME Lydia Hickman 255
 (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

MEDICAL CERTIFICATE OF DEATH

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 Frank Hickman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1865
 7. AGE YEARS 73 MONTHS 5 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 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) Missouri
 13. NAME Harvey M Shannon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir
 15. MAIDEN NAME Sarah Hinds
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir
 17. INFORMANT R. M. Shannon
 (ADDRESS) 1400 N. 5th Kansas City, Kansas
 18. BURIAL, CREMATION, OR REMOVAL PLACE City (Cem) DATE 1-29 1938
 19. UNDERTAKER Quinn-Siders
 (ADDRESS) Eldorado Springs Mo
 20. FILED 1/28 1938 J. W. Dalstrom Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 28 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1-25 1938 to 1-27 1938
 I last saw her alive on 1-27 1938. Death is said to have occurred on the date stated above, at 5a m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset _____
 Other contributory causes of importance _____
RECEIVED
 FEB 23 1938
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to (a) natural causes (violence) fill in also the following:
 Accident, suicide, homicide, or other cause 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) A. J. Underworth
 (Address) Eldorado Springs, Mo.

Error or defect in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Cedar Registration District No. 163
 (b) Township _____ Primary Registration District No. 4095- Registered No. 10
 (c) City Eldorado Springs Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lydia Dickman

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
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The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

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

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 _____

FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem Eldorado Spgs DATE 1-29-1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-28-1938 J. W. Dawson Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify C. H. Sunderwirth M. D. (Signed)
Eldorado Spgs (Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

...ery important. Exact statement of C...

