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

Do not use this space.

File No. 3639

Registered No. 6

1. PLACE OF DEATH

County: Ripley

Township: Fairlie

City: Carutherville (No. ..... St. ..... Ward)

Registration District No. 661

Primary Registration District No. 4388

2. FULL NAME Ernest Lorenzo Hickerson 2 1/2

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1927

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
10	8	22	

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. ✓

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) Carutherville Missouri

FATHER

13. NAME Leonard Hickerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandell Missouri

MOTHER

15. MAIDEN NAME Dellie Richerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Leonard Hickerson Carutherville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carutherville, Mo. DATE 1/27 1938

19. UNDERTAKER (ADDRESS) La Forge Und. Co. Carutherville, Mo.

20. FILED Feb. 1 1938 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1938 6:15 P.M.

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

I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Autto Accident	
This child was hit By a Car while crossing a street	

Other contributory causes of importance:

Crushed & Bruised on Top and Right Side of head

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-25, 1938

Where did injury occur? Carutherville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On the Street

Manner of injury Head injuries

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Jack Kelley Coroner, ~~M. D.~~

(Address) Hayti, Mo.

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FEB 28 1938
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