

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

Do not use this space.

1. PLACE OF DEATH

County Demasect
Township 1
City Kennett, (No. _____) St. _____ Ward _____

Registration District No. 1102
Primary Registration District No. 85870

File No. 3671
Registered No. _____

2. FULL NAME Lindel Burl Hickerson,

(a) Residence, No. Kennett, MO St. _____ Ward _____

(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

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ OR WIFE OF _____

DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 1st 1917

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>1917</u>	<u>11</u>	<u>23</u>	

7. OCCUPATION Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Worker,
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Factory,

8. Date deceased last worked at this occupation (month and year) 1-21, 1938, 9. Total time (years) spent in this occupation 5, years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Country, Mo -

13. NAME Henry H Hickerson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

15. MAIDEN NAME Dora Evans,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge, DATE 1-23, 1938

19. UNDERTAKER (ADDRESS) Lentz Und, CO
Kennett, MO

20. FILED 1-24 1938 Mrs T. R. Cole
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21, 1938

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 11:30 a.m.

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

Automobile Accident

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 1-21, 1938

Where did injury occur? H. W. 8.4, 10. M. West of Hart
(Specify city or town, county, and State) 1100

Specify whether injury occurred in industry, in home, or in public place. Automobile Accident

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? L

If so, specify _____

(Signed) W. A. Hedg. Act. Carrol
(Address) H. W. 8.4, 10. M. West of Hart

SOURCE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SOURCE OF DEATH

210m

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3671
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City (d) 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 Lindel Carl Hickerson

(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 <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>21</u>	MONTHS <u>11</u>
	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	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

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

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the started above, at.....m.

The principal cause of death and related causes of importance were as follows:
Automobile accident
Caravan with a
broken vehicle
crashed on highway.

Other contributory causes of importance:
71 D 222

Date of onset

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

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 DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan-24, 1938 Mrs J. R. Cole Local Registrar.

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 accident Date of injury 1-21, 1938
 Where did injury occur Pemiscot Co
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
State Highway # 84
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) D. A. Hedge acting coroner
 (Address) Hayti

SUPPLEMENT

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

Exact statement of OCCUPATION, if any, must be given in plain terms, so that it may be properly classified.

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