

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

Do not use this space.

3693

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. Bothwell Hosp.)

Registration District No. 618
Primary Registration District No. 2232

File No. 4
Registered No. 668
St. _____ Ward _____

2. FULL NAME

Robert Wickliffe 241

(a) Residence, No. 306 New York St. Ward _____
(Usual place of abode) Sedalia Mo.

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilla Spies Wickliffe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1854

7. AGE YEARS 83 MONTHS 3 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME John Thomas Wickliffe

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____

17. INFORMANT R. E. Wickliffe (ADDRESS) 1462 Hampel St., Oakland, Cal.

18. BURIAL, CREMATION, OR REMOVAL PLACE freedom DATE Jan. 7, 1938

19. UNDERTAKER E. M. White (ADDRESS) Warsaw Mo.

20. FILED 1-5- 19 38 Jean Slack Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 5, 1938

22. I HEREBY CERTIFY That I attended deceased from DECEMBER 20, 1937 to JAN. 5, 1938

I last saw him alive on JAN. 5, 1938 Death is said to have occurred on the date stated above, at 2:45 P. M.

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

Bronchial pneumonia

Date of onset _____

Other contributory causes of importance:

Chronic myocarditis

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? _____ 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? no

If so, specify _____

(Signed) P. Gordon Stauffer M. D.

(Address) Sedalia Mo

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH