

Dr. Presnell  
REC'D JUN 10 1938

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

18883  
Do not use this space.

1. PLACE OF DEATH  
(a) County Mississippi Registration District No. 566  
(b) Township Charleston Primary Registration District No. 3030 Registered No. 48  
(c) City Charleston (d) Street No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.  
2. PRINT FULL NAME Dorothy Elizabeth Wicks - 20'02  
(a) Residence, No. Charleston St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1910  
7. AGE YEARS 27 MONTHS 10 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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. General House work  
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) May 8 1938  
22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to May 8, 1938  
I last saw her... alive on May 8, 1938. Death is said to have occurred on the date stated above, at 9 A. m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
13. NAME James Franklin Wicks  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Nellie Graham  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
17. INFORMANT (ADDRESS) Bonnie Wicks, Charleston, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary, Mo. DATE May 10, 1938  
19. FUNERAL DIRECTOR (ADDRESS) James N. Shelly, East Passaic, Mo.  
20. FILED 5-18 1938 F. D. Brown 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? \_\_\_\_\_ 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) O. C. Presnell, M. D.  
(Address) Charleston, Mo.

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

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**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**