

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

26238

1. PLACE OF DEATH DEC 26 1938

County Pike

Registration District No. 684

File No. \_\_\_\_\_

Township Claver

Primary Registration District No. 5912

Registered No. 16

City \_\_\_\_\_ (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Unnamed Hickerson 262

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-38

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 2 hrs. or 2 min.

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) Bowling Green Mo

FATHER 13. NAME Ed Hickerson 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co 0

MOTHER 15. MAIDEN NAME Ruth Dixon 0

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

17. INFORMANT Ed Hickerson  
(ADDRESS) Bowling Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Air DATE July 15 38

19. UNDERTAKER W. B. C. Embrey  
(ADDRESS) Bowling Green

20. FILED 8-10-38 Registrar W. B. C. Embrey

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-15-1938 to 7-15-38, 1938.

I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Still Born  
Hydrocephalic  
Date of onset \_\_\_\_\_

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 \_\_\_\_\_, 1938

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) T. H. Wilcox, M. D.

(Address) Bowling Green Mo

