

REC'D FEB 20 1939

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

1100

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Law Primary Registration District No. 100  
(c) City Assumption City (d) Street No. St. Marys Hospital Registered No. 113  
(e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 675 Sherman Ave St. K 6 Reno  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Cotton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4 1868</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>7</u>
	DAYS <u>6</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.	<u>At Home</u>
	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) <u>South Elgin Ill</u>		
FATHER	13. NAME <u>William Hickey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mary O'Brien</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Miss Gladys Cotton Elgin Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elgin Ill</u> DATE <u>Jan. 12 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>D. N. Newcomer Sons Brushcreek &amp; Posey</u>		
20. FILED <u>Jan 10 1939</u> <u>M. M. Crowe</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1939

22. I HEREBY CERTIFY, that I attended deceased from Dec. 28 to Jan. 10, 1939  
I last saw her alive on Jan 9 1939. Death is said to have occurred on the date stated above, at 40A m.  
The principal cause of death and related causes of importance were as follows:  
Influenza  
Acute cardiac decompensation  
95B  
Date of case 12/28/38  
Date of death 1/6/39

Other contributory causes of importance:  
Pneumo Pneumonia  
Chronic Hypertension  
40 years

Name of operation None Date of None  
What test confirmed diagnosis Physical 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 None  
(Signed) W. Vincent, M. D.  
(Address) 800 Argyle Bldg.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *O. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *Kansas City*

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

**If this body is not embalmed, above space should be left blank.**