

REC'D APR 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
Township 1 Primary Registration District No. 3001
City Kirkville (No. 1810, South First)
St. 3 (Ward)

File No. 9852
Registered No. 80
St. 3 (Ward)

2. FULL NAME

240 Jennie Mae Fickel
(a) Residence (No. 1810 South First St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas W. Fickel</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-17-1856</u>				
7. AGE	YEARS <u>82</u>	MONTHS <u>3</u>	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>			
	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) Taylor
(STATE OR COUNTRY) Cortland County New York

MOTHER FATHER 13. NAME Howard Henry 1

14. BIRTHPLACE (CITY OR TOWN) New York 1
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sylvia Vining 1

16. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

17. INFORMANT Roy Fickel
(ADDRESS) 1204 W. Patterson St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crematory Cem. DATE March 24 1939

19. UNDERTAKER DePile's Funeral Home
(ADDRESS) Kirkville Mo.

20. FILED Mar 27 1939 Spencer L. Treeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1939, to 3-21 1939

I last saw her alive on 3/21 1939. Death is said to have occurred on the date stated above, at 4 P. m.

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

Influenza

Other contributory causes of importance:

apoplexy

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) C. L. Martin, M. D.

3 (Address) Kirkville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 10-10-38 1, 49314

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-39-495

Date Filed APR 11 1939