

1939 APR 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township WashingtonPrimary Registration District No. 1001City St. Joseph(No. Mo. Meth. Hosp.)File No. 10112Registered No. 270

St. _____ Ward)

2. FULL NAME

Mary Ellen Williams Gickling

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Edward V. Gickling

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

April 19 1917

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

211026

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

State Teacher College10. Date deceased last worked at this occupation (month and year) Mar. 1 1939

11. Total time (years) spent in this occupation _____

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

South Dakota

FATHER

13. NAME William F. Williams

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

Nodaway Co. Missouri

MOTHER

15. MAIDEN NAME Sydia Swinford

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

Missouri

17. INFORMANT (ADDRESS)

Mrs. Wm. F. Williams
Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maryville, Mo. DATE Mar 15 1939

19. UNDERTAKER (ADDRESS)

Price Funeral Home
Maryville, Mo.

20. FILED

3/15 1939 Mo. Meth. Hosp.
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from

3.8.39, 19____, to 3.15.39, 19____.I last saw h w alive on 3.15.39, 19____. Death is saidto have occurred on the date stated above, at 4 A. m.

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

Incomplete
absorption

Date of onset

Other contributory causes of importance:

Peritonitis, general3.8.39

Name of operation _____ Date of _____

What test confirmed diagnosis autopsy Was there an autopsy? yes23. 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) J. P. Ryan, M. D.(Address) St. Joseph Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Clum M. Parice, Licensed Embalmer No. 1822
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by me

or by _____, Registered Apprentice No. _____

(Signed) Clum M. Parice

Licensed Embalmer No. 1822

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