

LEAD APR 20 1939

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

12072
Do not use this space.

1. PLACE OF DEATH
 (a) County Triplex Registration District No. 754
 (b) Township Yahner Primary Registration District No. 5992
 (c) City Oxley (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Izella Kick
 (a) Residence, No. Oxley Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Kick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-19-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>1</u>	<u>2</u>	

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

9. Industry or business in which work was done, as 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) Yerzenes, Ill. (STATE OR COUNTRY) Jackson Co.

FATHER

13. NAME Calvin Woodward

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

MOTHER

15. MAIDEN NAME Elizabeth unknown

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

17. INFORMANT Mrs. Martha Goin (ADDRESS) Casper - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oxley - Me. P. R. DATE Mar. 23 1939

19. FUNERAL DIRECTOR (NAME) Missis Gish (ADDRESS) Oxley Mo.

20. FILED 3/22/39 J. E. Reubelt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939, to Mar 21 1939
 I last saw her alive on Mar 20 1939. Death is said to have occurred on the date stated above, at 10:30 P. M.
 The principal cause of death and related causes of importance were as follows:
chronic nephritis
uremic coma
hypertension and
myocardial degeneration
 Date of onset 12/1

Other contributory causes of importance:
hypertension and
myocardial degeneration

Name of operation none Date of _____

What test confirmed diagnosis? analysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. E. Reubelt, M. D.
 (Address) Oxley 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 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.....

Licensed Embalmer No.....

P. O. Address.....

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

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