

REC'D JUN 8 1939

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

19288  
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592  
(b) Township Montgomery Primary Registration District No. 5790  
(c) City Near Montgomery (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 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ROBERT HICKERSON  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1865  
7. AGE YEARS 74 MONTHS 2 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) (STATE OR COUNTRY) Adair Co Missouri  
13. NAME Thomas Hickerson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Margaret Coil  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Missouri  
17. INFORMANT (ADDRESS) Gladde Weherman Montgomery City Mo  
18. BURIAL, CREMATION, OR REMOVAL Montgomery City DATE May 8 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Th. Maglar Montgomery City Mo  
20. FILED May 7 1939 Burt Metzger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1939  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
I last saw him Sudden Death alive on \_\_\_\_\_ 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:50 am.  
The principal cause of death and related causes of importance were as follows:  
Fractured Cervical Vertebrae (Broken neck) Sacration of Forehead  
Date of onset 5-6-39  
Other contributory causes of importance: Accidental - Fell on his head when a rope broke  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 5-6-39  
Where did injury occur? On his farm Montgomery City (Specify city or town, county, and State) no  
Specify whether injury occurred in industry, in home, or in public place. Industry - his farm  
Manner of injury Broken neck  
Nature of injury Fall - overbalanced  
24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify On work on his farm  
(Signed) E. J. T. Andersen M. P.  
(Address) Montgomery City Mo

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

K. 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.

Corner Montgomery Coal

**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.....

*Edgar Boone Schlaubert*, Registered Apprentice No. *158*  
working under my personal supervision.

Signed..... *Joseph A Marlow*

Licensed Embalmer No. *3658*

P. O. Address *Montgomery City*

**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.**