

FILED NOV 6 1942

Registration District No. **287**

Primary Registration District No. **5758**

Registrar's No. **160**

63  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Maries**

(b) City or town **Rural - Miller**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED: **63**

(a) State **Missouri** (b) County **Maries**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Miller Twp.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Mary Theresa Fick**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **9**  
year **1942** hour **2** minute **30** A.M.

21. I hereby certify that I attended the deceased from **June 1**  
19**41** to **October 7**, 19**42**  
that I last saw her alive on **October 7**, 19**42**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Joseph Fick** 6. (c) Age of husband or wife if alive **22** years (Month) (Day) (Year)

7. Birth date of deceased **12 22, 1864**  
(Month) (Day) (Year)

Immediate cause of death **Mitral stenosis with cardiac enlargement** **unknown**  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) **926**

8. AGE: Years **77** Months **9** Days **17** If less than one day hr. min.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace **Rich Fountain Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Elias Zeilman**

13. Birthplace **Germany Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Theresa Eickle**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Sylvester Fick**  
(b) Address **Brinktown, Missouri**

17. (a) **Burial** (b) Date thereof **10 12-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brinktown**

18. (a) Signature of funeral director **Fred H. Gilbert**  
(b) Address **Dixon, Missouri**

19. (a) **Oct 19, 1942** (b) **Carma Bassett**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **✓**

(b) Date of occurrence **✓**

(c) Where did injury occur? **✓**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? **✓** (Specify type of place) (Cause of injury)

23. Signature **Douglas Gates** (M. D. or other) **200**  
Address **Brinktown, Mo** Date signed **10-13-42**

