

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

Do not use this space.

16833

**1. PLACE OF DEATH**

68 County Monticello Registration District No. 573  
Township Waller Primary Registration District No. 4352  
City (No. 5772) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Infant daughter of Earl Hickman  
(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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1932  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Monticello Mo  
(STATE OR COUNTRY)

FATHER 13. NAME Earl Hickman

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

MOTHER 15. MAIDEN NAME Berby Arvey

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

17. INFORMANT Earl Hickman  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Grove DATE 5-10-32

19. UNDERTAKER Jessie E. Richards  
(ADDRESS) 7-25-32

20. FILED May 10, 1932 L. S. Wilson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1932

2. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 10, 1932  
I last saw her alive on May 10, 1932 Death is said to have occurred on the date stated above, at 9 a.m.

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

Pulmonary Stenosis Date of onset 1970  
1570

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) G. S. Wilson, M. D.

(Address) Fortuna

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.

MAY 23 1932

