

JAN 3 1933

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

Monroe
Do not use this space.

2670

1. PLACE OF DEATH
80 County Missouri Registration District No. 665
Township Sedalia Primary Registration District No. 5809
City Sedalia (No. 117 N # 69) St. _____ Ward _____

2. FULL NAME Caroline Hick Caroline
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. A. Hick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1861
7. AGE YEARS 71 MONTHS 6 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 13
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107A
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) mo
FATHER 13. NAME Frank Logan 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
MOTHER 15. MAIDEN NAME Ediz. Chasmeier 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Miss Ofa Hick Sedalia mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 1/24 1933
19. UNDERTAKER (ADDRESS) Chasmeier Funeral Home Sedalia mo
20. FILED 1-24 1933 J. L. Love Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1933
22. I HEREBY CERTIFY That I attended deceased from 11-7- 1932 to Jan 23 1933
I last saw h. 32 alive on Jan 23 1933 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
1. Branch pneumonia
2. Septic Ch.
Other contributory causes of importance:
2. Septic Ch.
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no
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? no
If so, specify _____
(Signed) Alfred E. Morgan M. D.
(Address) 1110 W. 4th St. Sedalia mo

