

**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 Willoughby Primary Registration District No. 4352
City (No. 5771) St. _____ Ward _____

File No. _____
Registered No. 4

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 F **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.

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) (STATE OR COUNTRY) Monticello Mo

13. NAME Earl Hickman

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

15. MAIDEN NAME Berby Arvey

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

17. INFORMANT (ADDRESS) Earl Hickman

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

19. UNDERTAKER (ADDRESS) Walter E. Richards

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

MEDICAL CERTIFICATE OF DEATH

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

22. 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 _____

Other contributory causes of importance: 1570

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) L. S. Wilson, M. D.
(Address) Fortune

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.

JUN 23 1932

