

FEB 20 1936

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

Do not use this space.

2214

1. PLACE OF DEATH

County Moniteau
Township Pilot Grove
City (No.) Ward

577
Registration District No. ~~577~~
Primary Registration District No. 5776

File No.
Registered No. 1
St. Ward

2. FULL NAME Sarah Louise 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January, 1st, 1936</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		<u>3</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>
	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) Moniteau County
(STATE OR COUNTRY) Missouri

13. NAME Ray Hickman

14. BIRTHPLACE (CITY OR TOWN) Moniteau County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ila Fulks

16. BIRTHPLACE (CITY OR TOWN) Moniteau County
(STATE OR COUNTRY) Missouri

17. INFORMANT Ray Hickman
(ADDRESS) Clarksburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Grove DATE Jan. 3rd. 1936

19. UNDERTAKER James E. Richards
(ADDRESS) Jordan, Mo.

20. FILED Jan 23 1936 Missouri Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January, 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to 1 3, 1936
I last saw her alive on Jan. 1, 1935 Death is said to have occurred on the date stated above, at 6: 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:

15

Name of operation 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? 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) E. S. Wilson, M. D.
(Address) Jordan, Mo.

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.

