

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

Do not use this space.

14993

1. PLACE OF DEATH

County Moniteau
Township Linn
City (No. _____) _____

Registration District No. 574
Primary Registration District No. 5772A

File No. 1931
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Harold Duane Hickman

(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 male 4. COLOR OR RACE white 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) July 14-1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8 8 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Colorado Springs
(STATE OR COUNTRY) Colorado

10. NAME OF FATHER J. Frank Hickman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lopus
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Bessie Hickman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marion
(STATE OR COUNTRY) _____

14. INFORMANT Frankie Hickman
(Address) _____

15. FILED Apr 18 1931 Ellis E. Raik
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 10 to Apr 18, 1931, to _____, 19____, that I last saw him alive on Apr 15, 19____, and that death occurred, on the date stated above, at 5 o'clock p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Influenza
10/6/31

CONTRIBUTORY (SECONDARY) Chronic Bronchitis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Ellis E. Raik M. D.

Apr 18 1931 (Address) Jamestown Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Nickson Cemetery

April 17 1931

20. UNDERTAKER

ADDRESS

Charley Fulbrich

Jamestown Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 27 1931

MARGIN RESERVED FOR BINDING

V. NO. 2.

