REC'D JUN 7 1938

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

Do not use this space.

18909

File No.
Registered No. 84

1. PLACE OF DEATH
County Moniteau
Township Harrison
City (No. St. Ward)
Registration District No. 576
Primary Registration District No. 5773 A

2. FULL NAME Josephene Downing Hickman 255
(a) Residence, No. California, Mo. R.R. #3. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF William C. Hickman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13th, 1861

7. AGE: Years 76 | Months 4 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) High Point 0
(STATE OR COUNTRY) Missouri 1

FATHER
13. NAME Joseph Procter
14. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Lucy Phillips
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.

17. INFORMANT William C. Hickman
(ADDRESS) California, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE High Point Cem. DATE May. 14th, 1938

19. UNDERTAKER G. N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED 5/13, 1938 Jewell W. Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 12th, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-28-, 1938, to 5-12-, 1938
I last saw her alive on 5-11-, 1938. Death is said to have occurred on the date stated above, at 1 P.M. am.
The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

Other contributory causes of importance:
Ascending Paralysis
Cause Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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) H. B. Popejoy, M. D.
(Address) California Mo.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.