

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

Do not use this space.

5278

936

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 936

Township Tran

Primary Registration District No. 100

Registered No. _____

City R. E. Mo

(No. United Lutheran Hosp Ward)

2. FULL NAME Hella Fickel

(a) Residence. No. Osceola R.S. St. _____ Ward. _____

(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

4 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Mary Fickel

17. I HEREBY CERTIFY, That I attended deceased from Feb 25th, 1930, to Feb 28, 1930. that I last saw him alive on Feb 28, 1930 and that death occurred, on the date stated above, at 10:40 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/27/1907

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 4 1

Nephrotic - Complete suppression of urina. eclampsia continued after Caesarian section

8. OCCUPATION OF DECEASED

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

Pregnancy (about full term) with eclampsia 2 days before 1st pregnancy - tons. dead hospital.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1770

18. WHERE WAS DISEASE CONTRACTED Paola, Mo

10. NAME OF FATHER B. W. Rautt

IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 24 30

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

14. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Mary Lot

WHAT TEST CONFIRMED DIAGNOSIS? Lab & Physical

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

(Signed) W. H. Norbury M. D.

14. INFORMANT Harry Fickel (Address) Paola Kansas

2/28, 1930 (Address) 910 Katto Bldg

15. FILED 3/1 30 M. M. Crows REGISTRAR asib

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Paola Kansas DATE OF BURIAL 3/1 1930

20. UNDERTAKER Stine M. chun ADDRESS K City Mo

N. B.—Every item of information on this certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

