

Do not use this space.

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

SEP 25 1930

27305

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal (No.)

Registration District No. 547
Primary Registration District No. 30 29
Revering Hospital St. 6th Ward

File No. 27305
Registered No. 222

2. FULL NAME Virginia H. Wickman

(a) Residence. No. 303 24th St. St. 1st Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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 Carl T. Wickman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 30 - 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 29 7 23

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Herrick

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

12. MAIDEN NAME OF MOTHER Margaret Dimsie

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

14. INFORMANT Mrs. C. L. Scott (Address) Hannibal, Mo.

15. FILED 8/26 1930 6 Elousuis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1930

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Chl. Int. Nephritis & anemia + late suppurative - Death came sudden probably acute dilatation Heart. (duration) yrs. mos. 15 da.

CONTRIBUTORY Renal degeneration, Placenta + delivery defects + no regulation (SECONDARY) (duration) yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? NO DATE OF

19. WERE THERE AN AUTOPSY? NO WHAT BEST CONFIRMED DIAGNOSIS? Clinical & Lab

(Signed) J. C. Sultzman, M. D. 8/25 1930 (Address) Hannibal 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 Mt. Olivet DATE OF BURIAL Aug 25 1930

20. UNDERTAKER Wm. M. Smith ADDRESS 902 Broadway Hannibal 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.

