

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

Do not use this space.

9100

APR 15 1936

1. PLACE OF DEATH

County Andrew
Township Empire
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 15
Primary Registration District No. 5878

File No. _____
Registered No. 8

2. FULL NAME

Albert Hickof

(a) Residence, No. Mar Union Star St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Carrie Hickof

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) October 1935 11. Total time (years) spent in this occupation 53 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portage County Ohio

13. NAME John Hickof

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Switzerland

15. MAIDEN NAME Elizabeth Roth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Switzerland

17. INFORMANT (ADDRESS) Frances Howell Union Star Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo DATE April 1, 1936

19. UNDERTAKER (ADDRESS) Lucile M. Wilson Fair City, Mo.

20. FILED March 31, 1936 W. B. Jefferson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to March 30, 1936

I last saw him alive on March 28, 1936 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset 3/25/36

Other contributory causes of importance: Arterio Sclerous

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) E. M. Reynolds, M. D.

(Address) Union Star 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.

