

OCT 20 1938

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

32232

Do not use this space.

1. PLACE OF DEATH
Greene

(a) County Greene Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001 Registered No. 722
 (c) City Springfield Mo (d) Street No. 1525 N. Washington St. _____
 (If death occurred in Hospital or Institution, write name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Minnie Wicker

(a) Residence, No. 1525 No Washington St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T Wicker | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 1874 | | |
| 7. AGE YEARS 64 | MONTHS 5 | DAYS 29 |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Same | | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo | | |
| 13. NAME John M Doyle | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania | | |
| 15. MAIDEN NAME Helen Shelly | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill | | |
| 17. INFORMANT John Doyle (ADDRESS) Springfield Mo | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE Sept 26 1938 | | |
| 19. FUNERAL DIRECTOR (NAME) H H Lohmeyer (ADDRESS) Springfield Mo | | |
| 20. FILE Sept 26 1938 Chas H Beornette Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 24th 1938**

22. I HEREBY CERTIFY That I attended deceased from **August 15th 1938** to **Sept 24th 1938**
 I last saw her alive on **Sept 24th 1938** Death is said to have occurred on the date stated above, at **11:25 p.m.**
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Partial paralysis

Name of operation **none** Date of _____
 What test confirmed diagnosis? **none** Was there an autopsy? **No.**

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) **J. E. Dayle**, M. D.
 (Address) **Springfield, Mo.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Walter E. Hamiller

Licensed Embalmer No. *3808*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.