

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

Do not use this space.

20620

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.

PLACE OF DEATH

County Baird

Registration District No. 37

File No.

Township Washburn

Primary Registration District No. 5753

Registered No.

City (No.) St. Ward)

2. FULL NAME

Thos Henry Hickey

(a) Residence. No. Washburn, Mo. 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30, 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Amanda Hickey

17. I HEREBY CERTIFY, That I attended deceased from death, 19 6-3 to 6-3 19 29 that I last saw him alive on 6-3 19 29, and that death occurred, on the date stated above, at 1:30 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11 - 1898

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular disease of heart

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 22

CONTRIBUTOR (SECONDARY) Amos S. Selous

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH. no DATE OF
WAS THERE AN AUTOPSY. no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. H. ... M. D.
, 19 (Address) Cassville, Mo.

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

10. NAME OF FATHER Isaac M. Hickey

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

12. MAIDEN NAME OF MOTHER Nancy Fent

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

14. INFORMANT (Address) Miss T. Hickey Washburn, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Washburn Prairie Cem. 6/6 1929

15. FILED 6/6, 1929 J. S. ... REGISTRAR

20. UNDERTAKER ADDRESS
Hankins - Bradford Cassville

