

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

Do not use this space.

44157

JAN 9 1937

**1. PLACE OF DEATH**

County Clay  
Township Liberty  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 201  
Primary Registration District No. 5280

File No. 134  
Registered No. \_\_\_\_\_

**2. FULL NAME** Dora Wickstrom

(a) Residence, No. Liberty Mo 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**

**MEDICAL CERTIFICATE OF DEATH**

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 Earnest Wickstrom

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
34 6 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

13. NAME John Mills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken

15. MAIDEN NAME Combs Hale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken

17. INFORMANT Mrs. A. J. Wickstrom  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Union DATE 12-25-36

19. UNDERTAKER C. W. Gibson (P. 11-4)  
(ADDRESS) Brick Mo

20. FILED 1226 1936 E. T. Branch  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 23, 1936

I last saw her alive on Dec 23, 1936 Death is said to have occurred on the date stated above, at 12:40 A. M.

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

Lobar Pneumonia Dec 23, 1936

Other contributory causes of importance: Scarlatina Dec 1, 1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Walter M. Valley, M. D.  
(Address) Liberty Mo

Exact statement of OCCUPATION is very important. Do not leave blank, so that it may be properly classified.

