

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

Do not use this space.

OCT 23 1936

**1. PLACE OF DEATH**

County Monterey  
Township Walker  
City California (No. ....)

Registration District No. 541  
Primary Registration District No. 4335-

File No. 35024  
Registered No. 67

**2. FULL NAME**

(a) Residence, No. .... 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.

Nathan Cole Hickey

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer  
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) Monterey Co. Mo.

FATHER 13. NAME Charles Goza Hickey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Co. Mo.

MOTHER 15. MAIDEN NAME Pally Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monterey Co. Mo.

17. INFORMANT (ADDRESS) Agnes Hickey

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem DATE 9/20 1936

19. UNDERTAKER (ADDRESS) William & Fred Meyer

20. FILED 9-22-36 H.P. Dobbey Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Sept. 16, 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:

Cystitis  
Renal Calculi  
134

Date of onset

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) L. M. Gray M. D.

(Address) California Mo

MARGIN RESERVED FOR BILLING  
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

S. NO. 2  
20M-2-19-36  
X7294

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.

Handwritten notes on the left side of the page, including a vertical list of numbers and some illegible text.

Handwritten text at the top left, possibly a date or reference number.

80  
10  
10  
Handwritten text in the center of the page, including the number 80 and other illegible characters.

Handwritten notes on the right side of the page, including a vertical list of numbers and some illegible text.