

#1. PLACE OF DEATH

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

County Jasper

Township _____
or _____

Registration District No. 408

File No. 26501

Village _____
or _____

Primary Registration District No. 3020

Registered No. 112

City Carthage

(NO. 119 North Main St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME William W. Hicks

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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DATE OF BIRTH

8 (Month) 8 (Day) 1876 (Year)

AGE

35 yrs. 0 mos. 25 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 3-11-17

BIRTHPLACE

(City or town, State or foreign country) Cedar Co. Ind.

PARENTS

NAME OF FATHER

Joe Hicks

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Kentucky

MAIDEN NAME OF MOTHER

Sarah Orr
do not know

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hicks

(ADDRESS) #221 Limestone St.

Filed Aug 3 1912 James B. Lord REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

8 (Month) 3 (Day) 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from July 19, 1912, to Aug 3, 1912, that I last saw him alive on Aug 13, 1912, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Mellow Strrophy of Liver
1958
103B (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Hemorrhage

(Signed) W. Taylor M. D.
Aug 3, 1912 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

Grand view Ark.

DATE OF BURIAL _____ 1912

UNDERTAKER

Geoff. Guibert

ADDRESS

Carthage Mo

