JUN 1

1927

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

Do not use this space.

12669

1. PLACE OF DEATH
County: Randolph
Registration District No.: 735
File No.:
Township:
Primary Registration District No.: 3934
Registered No.: 67
City: Moberly (No. Wabash Hospital St. Ward)

2. FULL NAME: Chadrick Hicks

(a) Residence. No. St., Ward. E St Louis Ill
(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

3. SEX: m
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 11th 1897

7. AGE: Years 29 | Months 3 | Days 20 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Ark

PARENTS

10. NAME OF FATHER: Will Hicks
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ark
12. MAIDEN NAME OF MOTHER: Beatrice Hogan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ark

14. INFORMANT: Ella Hicks
(Address): E St Louis Ill

15. FILED 4/4 1927 Thos. J. Flemming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apl 1st 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1927, to April 1 1927 that I last saw him alive on April 1 1927, and that death occurred, on the date stated above, at 6:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema, left side thorax.
(duration) about 5 weeks yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Influenza.
(duration) about 3 weeks yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? E St. Louis, Ill.
DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/28/27 & 4/1/27
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Xray - clinical - operation
(Signed) R. D. Streeter, M. D.
4-4th 1927 (Address) Moberly, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: East St Louis Ill
DATE OF BURIAL: 4-5th 1927

20. UNDERTAKER: Mahan and Son
ADDRESS: Moberly Mo

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.