

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

Do not use this space.

15735

**1. PLACE OF DEATH**

County Monroe  
Towship Madison  
City Kennett

Registration District No. 547  
Primary Registration District No. 3079  
(No. St. Elizabeth's Hospital)

File No. ....  
Registered No. 157  
St. 6 Ward)

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? 23 yrs. mos. ds.

John Hicka (Hicka) Slasco Mo.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
49 3 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Atlas Portland Cement

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Czechoslovakia

**10. NAME OF FATHER**

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) " " " "

**12. MAIDEN NAME OF MOTHER**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " " " "

14. INFORMANT Joseph Hicka Hicka  
(Address) Slasco Mo.

15. FILED 5/27 C. C. Strode  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 4/12/27 to 5/1/27, and that I last saw him alive on May 5, 1927, and that death occurred, on the date stated above, at 11:45 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Nephritis chronic

131 brought deceased Don't know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Don't know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129A  
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. C. Chittum, M. D.

5/5, 1927 (Address) Kennett 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 St. Mary's Cemetery DATE OF BURIAL 5/17 - 1927

20. UNDERTAKER Schwartz Funeral Home Kennett ADDRESS

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.

