CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

27829

1. PLACE OF DEATH

County Mississippi — Registration District No. 566 — File No.

Township Guyapsky — Primary Registration District No. 5762 — Registered No. 85

City ~~Charleston~~ R.F.D. No. 4 ... St. ... Ward)

2. FULL NAME Dan Hicks

(a) Residence. No. Hickory Smith Farm St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 6 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 B

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE About — YEARS 65 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Louisiana

PARENTS

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT X Arthur Hicks
(Address) Charleston Mo

15. FILED 19th 1927 F S Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-9 1927

17. Did not have doctor

I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at unknown m.

95B THE CAUSE OF DEATH* WAS AS FOLLOWS: unknown

this old man wondered away from home and was found dead. Had heart trouble and it is thought he died of heart trouble (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

205B

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Inquest

(Signed) F S Vernon Coroner M. D

9-21, 1927 (Address) Charleston 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 Kenrick Graveyard — DATE OF BURIAL 9-21 1927

20. UNDERTAKER Lair Salmon Co. — ADDRESS Charleston