

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

Do not use this space.

36900

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 100
 City K.C. Mo. (No. 5208 - East 6th St. _____ Ward _____)

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

George Preston Hicks
 (a) Residence. No. 5208 - E. 6th St., 10 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 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) Aug 16 - 1945

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
62 3 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) New York

10. NAME OF FATHER

Willie Hicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER

Delia Preston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) New York

14.

INFORMANT Willard Hicks
 (Address) 5208 - E. 6th St.

15.

FILED 12/14 27 M.M. Coover
 REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 14 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1920, to Dec 13th, 1927.
 that I last saw him alive on Dec 13th, 1927, and that death occurred, on the date stated above, at 10:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Exhaustion

59
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) Diabetes Mellitus
 (duration) 7 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Urine analysis.
 (Signed) Hollis S. Thomas, M. D.
Dec 14th 1927. (Address) 315 Chamber Bldg. K.C. 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 Memorial Park DATE OF BURIAL Dec 16, 1927

20. UNDERTAKER Mrs. O. L. Fowler ADDRESS K.C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

314 numbers -

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