MAY 29 1928

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

Do not use this space.

File No. 12388

Registered No. 504

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St Joseph (No. 524 E. Kansas ave St.) (Ward)

2. FULL NAME: Mary M. Hicks

(a) Residence. No. 524 E. Kansas St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elias M. Hicks

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 17 1847

7. AGE: Years 81 | Months 0 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Wheeling
(STATE OR COUNTRY): W. Va.

PARENTS

10. NAME OF FATHER: Daniel Mooney

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

12. MAIDEN NAME OF MOTHER: Jane Chapman

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

14. INFORMANT: Iva L. Emerson
(Address) 524 E. Kans. Ave.

APR 23 1928

15. FILED: 1928 John G. Ulrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-20-1928

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1928 to April 20, 1928 that I last saw h. ev. alive on April 16, 1928, and that death occurred, on the date stated above, at 12 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
8 D
1 D
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John J. Tucker, M. D
4/22, 1928 (Address) St Joseph 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: Wheecotah Kan. — DATE OF BURIAL: April 22 1928

20. UNDERTAKER: Fred O Clark — ADDRESS: 5025 King Hill Av.

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.