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

Do not use this space.

19718

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Wayne — Registration District No.: 890

Township: St Francis — Primary Registration District No.: 6188.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Sarah Hicks

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

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.

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.

JUL 10 1928

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know ~~about 80 years~~

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 80			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none — 186A 194F
(b) General nature of industry, business, or establishment in which employed (or employer): — 162
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Don't Know
(STATE OR COUNTRY): —

PARENTS

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY): —

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY): —

14. INFORMANT: Elmer Hicks
(Address): Mine Wo.

15. FILED 5/22, 1928. Geo T Lepper, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 22 1928

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1928, to May 22, 1928 that I last saw ~~him~~ alive on May 8, 1928, and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental fall - injury to hip.

..... (duration) ..... yrs. 1 mos. 7 ds.

CONTRIBUTORY (SECONDARY): Infirmity — ~~Contributory~~ (duration) ..... yrs. ..... mos. ..... ds.

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? —

(Signed) Jno F Wagner, M. D

5-22, 1928 (Address) Greenville, 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: Liberty Hill — DATE OF BURIAL: 5/23 1928

20. UNDERTAKER: Marsh-Wilkinson — ADDRESS: Greenville Mo