

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

Do not use this space.

31466

1928

1. PLACE OF DEATH

County St. Francois

Registration District No. 273

Township Fannington

Primary Registration District No. 4464

City Fannington (No.)

File No.

Registered No. 132

St. Ward)

2. FULL NAME

Edmur Hicks

(a) Residence. No. 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. 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)

Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 7 - 1889

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

38

9

2

8. OCCUPATION OF DECEASED

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

Invalid

(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)

St. Francois Co. Mo.

10. NAME OF FATHER

Frank Hicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Francois Co. Mo.

12. MAIDEN NAME OF MOTHER

Paula Muer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Delmar Mo.

14. INFORMANT

(Address)

Frank Hicks Fannington Mo.

15. FILED

9-11-28 T. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 9 1928

17.

I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to Sept 9, 1928, that I last saw h. alive on Sept 9, 1928, and that death occurred, on the date stated above, at 8 N P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Locomotor Ataxia

so

(duration) 10 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

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) Geo. S. Watters, M. D.

9-11-28 (Address) Fannington 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

DATE OF BURIAL

Liberty Hill Mo.

Sept 12 1928

20. UNDERTAKER

ADDRESS

Fannington, Ind Co. Fannington 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.

