

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

Do not use this space.

32685

1. PLACE OF DEATH

County Barry Registration District No. 30 File No. _____
 Township ~~Monett~~ Primary Registration District No. 3003 Registered No. 76
 City Monett (No. _____) St. _____ Ward _____

2. FULL NAME

Infant of A. J. 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 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25-1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or — min.

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

9. BIRTHPLACE (CITY OR TOWN) Monett, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Andrew J. Hicks
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newton Co. Ark
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Hettie Wilson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lureka Springs, Ark
 (STATE OR COUNTRY)

14. INFORMANT Andrew J. Hicks
 (Address) Monett Mo

15. FILED 10-29-28 W. M. West
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1928
 17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Oct 25, 1928 (that I last saw _____ alive on Oct 25, 1928, and that death occurred, on the date stated above, at 11:00 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
11:00 (duration) yrs. mos. / 12 da.
 CONTRIBUTORY (SECONDARY) 16/10 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Conrad Mitchell, M.D.
 , 19 (Address) Monett 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 1007 Cemetery Monett DATE OF BURIAL Oct 25 1928

20. UNDERTAKER R. M. Callaway ADDRESS Monett 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.

20 1928

