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

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.

101
0 25 1929 0

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

Do not use this space.

5011

1. PLACE OF DEATH
County Shannon — Registration District No. 824 — File No.
Township Eminence — Primary Registration District No. 6076 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Calvin 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 3 yrs. 10 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Feb 25 - 25 -

7. AGE 3 YEARS 10 MONTHS 11 DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Eminence
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Oscar Hicks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Winona
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Dorothy Ellett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bunker
(STATE OR COUNTRY) Mo

14. INFORMANT Oscar Hicks
(Address) Eminence Mo

15. FILED 1-4, 1929 Frank Hyde Mo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Burned to death in burning dwelling hour

180 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 178 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 23

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Mo
WHAT TEST CONFIRMED DIAGNOSIS? View
(Signed) G B Houston Comm M.D
, 19 (Address) Eminence 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: Munsells Chapel
DATE OF BURIAL: 1/4 1929

20. UNDERTAKER: None
ADDRESS: —