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

Do not use this space.

8494

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1005

City St. Louis (No. 3731 Hickory St. ..... Ward)

File No. .....

Registered No. 2160

2. FULL NAME Savannah Hicks

(a) Residence. No. 3731 Hickory St., 18 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	4	10	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Atlanta
(STATE OR COUNTRY) Ga.

PARENTS

10. NAME OF FATHER Benj. Nelson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Ga.

12. MAIDEN NAME OF MOTHER Nancy Hatten

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Ga.

14. INFORMANT Benj. Nelson
(Address) 3731 Hickory St

15. FILED FEB 16 19.. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-5, 1929, to 2-9, 1929, that I last saw her alive on 2-9, 1929, and that death occurred, on the date stated above, at 11 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart disease

92A (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Not Known

(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? Clinical and History

(Signed) K. D. Robinson, M.D.

2/14, 1929 (Address) 11 N Jefferson Ave.

*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 Greenwood Cem

DATE OF BURIAL Feb 17 1929

20. UNDERTAKER W. C. Gordon Und. Co

ADDRESS 2649 Morgan St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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