

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

Do not use this space.

4567

**1. PLACE OF DEATH**

County Dunklin  
Township Clay  
City Hornersville (No. ....)

Registration District No. 287  
Primary Registration District No. N-400

File No. ....  
Registered No. 10 St. .... Ward)

**2. FULL NAME**

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
75

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

10. NAME OF FATHER James Hicks  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT E. G. Bass  
(Address) Hornersville, Mo.

15. FILE 2-10-30 O. T. Cape  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1920 Feb 9, 1930 that I last saw him alive on Feb 8, 1930, and that death occurred, on the date stated above, at 6 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Nephritis  
10612  
9513

(duration) 2 yrs. .... mos. .... ds.  
CONTRIBUTORY Chronic Nephritis  
(SECONDARY) of 996 (duration) yrs. .... mos. .... ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS E. G. Cape  
(Signed) E. G. Cape, M. D.

2-10-30 (Address) Hornersville

\*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 Hornersville DATE OF BURIAL Feb. 10 1930

20. UNDERTAKER Baldwin ADDRESS Hennett

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.

RECORD

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