MAY 27 1930

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

Do not use this space.

13155

1. PLACE OF DEATH
County La Fayette — Registration District No. 461 — File No. 42
Township Lexington — Primary Registration District No. 3024 — Registered No.
City (No. St. Ward)

2. FULL NAME Agnes Hicklin
(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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	6	28	

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

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

PARENTS
10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) " "
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) " "

14. INFORMANT Richard Hicklin
(Address) Lexington Mo

15. FILED Apr 19 1930 G. W. Bedmdsell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1930

17. I HEREBY CERTIFY That I attended deceased from June 15 1929 to April 19 1930 that I last saw him alive on April 18 1930, and that death occurred, on the date stated above, at 12:12 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
92 A
95 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Cardiac Dilatation
(duration) yrs. mos. ds.

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) G. R. Card, M. D.
Apr 19, 1930 (Address) Lexington 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: Lexington Mo
DATE OF BURIAL: Apr 22 1930

20. UNDERTAKER: Ernest Fegert
ADDRESS: Lexington Mo

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.