

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

Do not use this space.

~~19843-a~~
~~19738~~
File No. 19738
Registered No. _____

PLACE OF DEATH

County Jasper Registration District No. 411
Township _____ Primary Registration District No. 2002
City Joplin (No. _____) St. _____ Ward _____

2. FULL NAME Margaret Isabel Hicks

(a) Residence, No. 726 Chestnut St. Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) school girl

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 2 - 1920

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	9	8	28	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Carl F. Hicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) K.C.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eola M. York

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kansas

14. INFORMANT Carl F. York Hicks
(Address) Joplin, Mo.

15. FILED 8/1 19 30 A Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1930

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1930 to June 30, 1930 that I last saw her alive on June 30, 1930, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gas gangrene following a compound comminuted fracture of the humerus at the elbow (duration) yrs. mos. 4 ds.
CONTRIBUTORY Infection (SECONDARY) Fall from sliding board (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED Schiller Decker Park

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Exam.
(Signed) M. Granström M. D.
, 19 (Address) 424 Byers, Joplin, 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 Osark Memorial Park DATE OF BURIAL July 2, 1930

20. UNDERTAKER Frank - Sevier ADDRESS Joplin, 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 very important.

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