AUG 20 1930

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

Do not use this space. 21800 ~~21898~~

1. PLACE OF DEATH
County Atchison — Registration District No. 19 — File No.
Township ~~Stand~~ — Primary Registration District No. 4018 — Registered No.
City Rock Port Mo. (No. ..... St. ..... Ward)

2. FULL NAME Josaphine 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 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-12-1866

7. AGE: Years 64 — Months 2 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

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)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT Lyda Riley
(Address) Rock Port Mo.

15. FILED 7-14 1930 Mary G. Chamberlain REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-14 1930

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1930, to July 14 1930, that I last saw her alive on July 15, 1930, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
Ab. 18 44 A
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? do not know
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) E. A. Lewis, M. D.
7-14, 1930 (Address) Rock Port 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: Mt. Grove Mo. — DATE OF BURIAL: 7 19

20. UNDERTAKER: Gratz Bartholomew — ADDRESS: Rock Port Mo.

...very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Atchison — Registration District No. 19 — File No.
Township — Primary Registration District No. 4013 — Registered No.
City Rock Port (No. ..... St. ..... Ward)

2. FULL NAME Josephine Hicks
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) M

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

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

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, busi... whi...
(c)

9. BIRT... (ST...

PARENTS
10. N...
11. E...
12. N...
13. E...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 19 30

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:

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

CONTRIBUTORY .....

...on) ..... yrs. ..... mos. ..... ds.

..... DATE OF .....

..... M. D

...in deaths from VIOLENT CAUSES, state ...) whether ACCIDENTAL, SUICIDAL, or

14. INFORMANT .....
(Address)

15. FILED 7-14, 1930 Mary Gr. Chamberlain REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Grove MO — DATE OF BURIAL ✓ 19

20. UNDERTAKER Gratz Bartholomew — ADDRESS Rock Port MO

Body was shipped from Rock Port MO July 15 — do not know date of Burial. O.M.C. Chamberlain Registar MO

N. B.—P... CA... ...y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...RARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

...ENTARY

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