

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

Do not use this space.

1693

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH.**

County Jackson Registration District No. 404  
Township Washington Primary Registration District No. 3838  
City Martin City, Mo. (No. \_\_\_\_\_)

**2. FULL NAME**

James H. 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sophia Hicks  
~~(or WIFE OF)~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 3, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>0</u>	<u>20</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Henry Co.  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Johanson Hicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry Co.  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Esther Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY) Missouri

14. INFORMANT Ray Hicks  
(Address) Grandview, Mo.

15. FILED 125 1984 R. F. Brannan  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1931

17. I HEREBY CERTIFY, That I attended deceased from 3 Nov. 1930 to Jan 23 1931 that I last saw him alive on Jan 23, 1931, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Interstitial Nephritis

131

over 2 yrs. mos. ds. (duration)

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (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

(Signed) J. W. Faser, M. D.

1/24, 1931 (Address) 7308 Washington

\*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 Carroll Cem., Chickawee, Mo. DATE OF BURIAL 1/25 1931

20. UNDERTAKER E. K. George & Sons ADDRESS Grandview

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

K. 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.

FEB 23 1931

