

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

Do not use this space.

10640

1. PLACE OF DEATH

County Linn Registration District No. 962
 Township Johnson Primary Registration District No. 3672
 City Clinton (No.)

File No.
 Registered No. 3
 St. Ward

2. FULL NAME

Cyrus Hicklin

(a) Residence. No. 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 | 8 | 8 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (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

10. NAME OF FATHER Francis Hicklin

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

12. MAIDEN NAME OF MOTHER Athalish Wray

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

14. INFORMANT (Address) Sally W. Gifford
Garnesport

15. FILED 3-20-31 H. L. White, MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-23 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3-1930 to 3-21-1931, 1931 that I last saw alive on 3-21-1931, and that death occurred, on the date stated above, at 3-30 10 m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteriosclerosis
of liver
124B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 124B (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) H. L. White M. D. , 1931 (Address) Chillicothe 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 St. Pleasant DATE OF BURIAL March 1931

20. UNDERTAKER Ed R. Berison ADDRESS Garnesport

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.

APR 24 1931

