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

1. PLACE OF DEATH
County Dunklin — Registration District No. 288 — File No. 13709
Township ~~Ind~~ — Primary Registration District No. 4172 — Registered No.
City Kennett Mo. (No. ..... St. ..... Ward)

2. FULL NAME Angie 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: Fem
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jim Hicks
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1898
7. AGE: Years: About 33 — 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, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark
PARENTS
10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ga
14. INFORMANT: Jim Hicks (Address) Kennett, Mo.
15. FILED 4/20, 1931 Wheeler Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-16 1931
17. I HEREBY CERTIFY, That I attended deceased from 4-16, 1931, to 4-16, 1931, that I last saw her alive on 4-16, 1931, and that death occurred, on the date stated above, at 2:00 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
82A Apoplexy
(duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY) 82A
(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? Physicial
(Signed) W. L. Gossage, M.D.
, 19 (Address) Kennett 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: Marsh — DATE OF BURIAL: 4-17 1931
20. UNDERTAKER: Lenz & Co — ADDRESS

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.

MAY 23 1931