

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

Do not use this space.

28218

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 2847)

Registration District No. _____
Primary Registration District No. _____
Southwest Blvd.

File No. 2847
Registered No. 2847
St. _____ Ward _____

2. FULL NAME

William Hicks

(a) Residence, No. 2847 Southwest Blvd. St. _____ Ward 3

(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 Male 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 Mrs. Carrie H. Hicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tire Repair

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Samuel Hicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Carrie H. Hicks (ADDRESS) 2847 Southwest Blvd. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug. 6th 1931

19. UNDERTAKER Gates Funeral Home (ADDRESS) K.C. Kans.

20. FILED 8/4 M. M. Browe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Aug 4, 1931.

I last saw him alive on Aug 4, 1931 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8/3/31

Other contributory causes of importance:

Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) William A. Bowling M. D.
(Address) 1002 Angyle St. K.C., Mo.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

