

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

Do not use this space.

1. PLACE OF DEATH
 County Iron Registration District No. 864 1077
 Township Carroll Primary Registration District No. 6642 File No. 30346
 City St. Louis (No. 11) Registered No. 11 Ward 11

2. FULL NAME Nicola Hicks
 (a) Residence No. St. Ward (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1879.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day
<u>52</u>				<u>12 hrs.</u> or <u> </u> min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (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) Howell Co Mo

10. NAME OF FATHER Ashley Kane

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

12. MAIDEN NAME OF MOTHER Jane Davis

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

14. INFORMANT John Hicks
 (Address) Summerville, Mo

15. FILED 9-20, 1931 L.H. Waller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/5-1931

17. I HEREBY CERTIFY, That I attended deceased from , 1931, that I last saw him alive on June 9, 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

83 Paralysis
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 83
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.M. Peeds, M.D.
 , 1931 (Address) Summerville 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 Ralph Day
DATE OF BURIAL 88 E
Summerville 1931

20. UNDERTAKER Summerville Mo
ADDRESS

