

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

Do not use this space.

40730

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Clinton Primary Registration District No. 3018  
City Clinton (No. 707, North Second St. 1 Ward)

File No. ....  
Registered No. 125

2. FULL NAME Margaret Ellen Hicks

(a) Residence, No. 707 No. Second St., 1st Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William J. Hicks  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6-1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 - 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Warrensburg Missouri

FATHER 13. NAME T.H. Wristhen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Mary Frances Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Missouri

17. INFORMANT Stella Pearl Sidwell (ADDRESS) Kansas City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood Clinton 12-8-1931

19. UNDERTAKER W.H. Sims (ADDRESS) Clinton, Missouri

20. FILED 12/9 1931 E.C. Peeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/8/31, 1931  
22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1931, to Dec 6, 1931  
I last saw her alive on Dec 6, 1931. Death is said to have occurred on the date stated above, at 11:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
930 930  
82A  
Cerebral Hemorrhage  
Date of onset

Name of operation ..... Date .....  
What test confirmed diagnosis? Paralysis Was there an autopsy? Yes

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 P. J. Hallinger, M. D.  
(Signed) P. J. Hallinger, M. D.  
(Address) Clinton Mo.

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.

DEC 22 1931

WITH OBTAINING INK—THIS IS A PERMANENT RECORD

