

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.

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

Do not use this space.

845

1. PLACE OF DEATH
42 County Henry Registration District No. 347
4 Township Clinton Mo Primary Registration District No. 3018
City Clinton Mo (No.) St. Ward

2. FULL NAME Charley Hicks
(a) Residence, No. 606 W Grand River 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1864

7. AGE YEARS 67 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

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

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) Benton Co (STATE OR COUNTRY) Mo

13. NAME Geo Kidwell

14. BIRTHPLACE (CITY OR TOWN) Benton Co Mo (STATE OR COUNTRY)

15. MAIDEN NAME Matilda Jackman

16. BIRTHPLACE (CITY OR TOWN) Benton Co Mo (STATE OR COUNTRY)

17. INFORMANT Wm Hicks (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lorery City Mo DATE 1-7 1932

19. UNDERTAKER Spore & Son (ADDRESS) Clinton Mo

20. FILED 1/7 1932 Ed C. Prewer Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1931 to Jan 6 1932
I last saw h.p. alive on Jan 3 1932 Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
131
82A
101
Other contributory causes of importance: 131
Hypertension
Chr Interstitial
Nephritis

Name of operation None Date of
What test confirmed diagnosis? Urinalysis and 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) Ed C. Prewer M. D.
(Address) Clinton Mo

