WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

4801

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kan — Primary Registration District No. 1002 — File No.
City Kansas City (No. Gen. Hosp. #2. St. Ward) — Registered No. 664

2. FULL NAME William Hicks
(a) Residence, No. 603 Harrison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 26 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-6-1896

7. AGE 35 YEARS ~~26~~ yrs MONTHS 5 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.L.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137
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) Frankfort, Ky.

FATHER
13. NAME John Hicks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk, Gen. Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Lodge Lawn DATE 2-20, 1932

19. UNDERTAKER (ADDRESS) H. B. Moore 1820 E. 18th St

20. FILED 2/18, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1932, to 2-17, 1932
I last saw him alive on 2-17, 1932. Death is said to have occurred on the date stated above, at 4:35A m.
The principal cause of death and related causes of importance were as follows:

Chronic Alcoholism — Date of onset
75 B
75
(1)

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Sat. Was there an autopsy? 200

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? .....
If so, specify .....
(Signed) D. M. Miller, M. D.
(Address) Gen. Hosp. #2.