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.

SEP 23 1932

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74

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

Do not use this space.

1. PLACE OF DEATH
44 County Holt — Registration District No. 373 — File No. 22636
Township Lewis — Primary Registration District No. 5520 — Registered No. 9
City ..... (No. ..... St. ..... Ward)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 - 1858

7. AGE: YEARS 74 — MONTHS 5 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... 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) same
(c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN) Buchanan
(STATE OR COUNTRY) Co Mo

PARENTS
10. NAME OF FATHER Marion Banker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Marguerite Morris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Albert Hicks
(Address) Oregon Mo

15. FILED 7-6, 1932 Jno. F. Chandler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1932

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1932, to July 5, 1932 that I last saw her alive on July 2, 1932 and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59 59 (duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. 0 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? many
(Signed) E. F. Kearney, M. D.
July 5 1932 (Address) Oregon 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: Benton Cemetery — DATE OF BURIAL: July 7 1932

20. UNDERTAKER: L. Pettijohn — ADDRESS: Oregon Mo