MARGIN RESERVED FOR BINDING

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.

JUL 27 1932

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

Do not use this space.

23951

1. PLACE OF DEATH
96 County St Louis — Registration District No. 788 — File No. 1
12 Township — Primary Registration District No. 4471 — Registered No. 67
8 City Webster Gr (No. 99, Taylor Ave St. ..... Ward)

2. FULL NAME Jasper W Hicks

(a) Residence, No. 99 Taylor St., ... Ward. (If nonresident, give city or town and State)
(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.

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 Genevieve Hicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2-1880

7. AGE — YEARS 52 — MONTHS 6 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 314
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) Missouri 1

FATHER
13. NAME Amos Hicks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Emma Norton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Genevieve Hicks 99 Taylor

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 7/23 1932

19. UNDERTAKER (ADDRESS) A. Russell Fund Co 2732 Pine St

20. FILED 7/23 1932 Dr. S. W. Neahrup D. Carlock Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 20 1932 to July 1932
I last saw him alive on July 1932. Death is said to have occurred on the date stated above, at 4:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prosratio Thermica	1 day
1911	
1911	
	30 s

Other contributory causes of importance:

(1)

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO. Date of injury ....., 19....
Where did injury occur? NO (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) J. J. Thomas, M. D.
(Address) 822 A. N. Jefferson