MAR 3 1933

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

Do not use this space.

2806

1. PLACE OF DEATH
County Randolph — Registration District No. 733 — File No.
Township — Primary Registration District No. 4438 — Registered No. 4
City Huntsville (No. , St. Ward)

2. FULL NAME Ellen Hicks

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	10	21	

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) Randolph

FATHER
13. NAME Alex Humphrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

MOTHER
15. MAIDEN NAME ~~Susan~~ Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~[illegible]~~ Unknown

17. INFORMANT (ADDRESS) Mr Harvey Hicks Huntsville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Huntsville DATE Jan 25 1933

19. UNDERTAKER (ADDRESS) Tom B. Patton Huntsville

20. FILED Jan 28 1933 G G Bragg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932, to Jan 22, 1933
I last saw her alive on Jan 21, 1933 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:

	Date of onset
Carcinoma of breast	1925
50	
Other contributory causes of importance: Influenza	Jan. 1933

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

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 A Barnhart, M. D.
(Address) Huntsville Mo

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.