

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 4024 Michigan Ave.)

Registration District No. 309  
Primary Registration District No. 1002

File No. 13205  
Registered No. 1527  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Nelson F. Hicks**

(a) Residence, No. 4024 Michigan Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 28 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 male 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 Mrs. Blanche Lacy Hicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<u>35</u>		<u>2</u>	<u>20</u>	

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

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) Kansas

13. NAME Oscar L. Hicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Lillie P. Hamby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Mrs. Blanche Lacy Hicks  
(ADDRESS) Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE 4/4/33

19. UNDERTAKER Freeman Mortuary and Chapel  
(ADDRESS) Kansas City, Mo.

20. FILED Apr 3 1933 Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1933, to Apr 2, 1933

I last saw him alive on Apr 1, 1933 Death is said to have occurred on the date stated above, at 8:50 A.M.

The principal cause of death and related causes of importance were as follows:

Had pleurisy disease Date of onset Jan 1932

Other contributory causes of importance: 720 M 713 72 B

Aspirin - second. 9-32

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy of lungs Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_ (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) Allen L. Hearst, M. D.  
(Address) 100 Professional

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.

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

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2  
2  
2

Dr. Sears

421 W. 59<sup>th</sup> St.