

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

Do not use this space.

B

3265-62

JAN 26 1934

PLACE OF DEATH

County Douglas
Township Jackson
City (No.)

Registration District No. 917
Primary Registration District No. 5397

File No.
Registered No.
St. Ward)

2. FULL NAME Fay, Sybil, Hicks

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 5 mos. 22 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) Single

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

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

7. AGE YEARS 19 MONTHS April DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckhart, Mo.

13. NAME Robt. T. Dicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckhart, Mo.

15. MAIDEN NAME Emma B. Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckhart, Mo.

17. INFORMANT (ADDRESS) Buckhart, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Henderson DATE Oct 13th 1933

19. UNDERTAKER (ADDRESS) Bottom Mt. Care, Mo.

20. FILED Nov 10 1933 Harry Kuttner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-10th 1933

I HEREBY CERTIFY, That I attended deceased from (Dr. H. H. H.) 10-4 1933, to (Dr. H. H. H.) 10-10 1933

I last saw her alive on Oct 10 - 10:30 PM 1933. Death is said to have occurred on the date stated above, at 12:30 M.

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

MI
210M
123C
1:29
MI
Other contributory causes of importance

Name of operation Cure Date 10-4

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? Accident Date of injury 9-23 1933

Where did injury occur? Highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Highway

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed), M. D.

(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Right rear tire blew out Doctor Newman did not
and auto turned over on highway know exact details

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson (No. St. Ward)

Registration District No. 917
Primary Registration District No. 5397

File No.
Registered No.

2. FULL NAME

Fay Sybil 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1914

7. AGE YEARS MONTHS DAYS at LESS than 1 day, hrs. or min.
19 5 22

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

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) March

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckhart, Mo.

13. NAME Robt. G. Hicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckhart, Mo.

15. MAIDEN NAME Emma B. Dindgens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckhart, Mo.

17. INFORMANT (ADDRESS) Emma B. Dindgens, Buckhart, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buckhart, Mo. DATE 10-13 1933

19. UNDERTAKER (ADDRESS) Bottom

20. FILED 11-10 1933 Harry Kutter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1933 to Oct 10 1933
I last saw him alive on Oct 16 1933. Death is said to have occurred on the day stated above, at m.

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

Brain, blood vessel, cerebral artery in left posterior

Other contributory causes of importance
Smurred his brain

Name of operation opened 2 chambers Date of Oct 4

What test confirmed diagnosis? his Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? acc. to Date of injury 7-23 1933

Where did injury occur? Car hit on highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto left road

Nature of injury Crushed by

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify L. J. Vannoy, M. D.
(Signed) W. S. Wood (Address)

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

DOWNTOWN