

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

Do not use this space.

35367

1. PLACE OF DEATH  
 County Boone Registration District No. 73  
 Township Columbia Primary Registration District No. 3006  
 City Columbia (No.       ) St.        Ward       

2. FULL NAME Barbara Ann Hicks  
 (a) Residence, No. 21 W. Broadway 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) Aug. 15-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
       2 20              

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

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) Columbia Mo.

13. NAME Robert J. Hicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lydalton, California

15. MAIDEN NAME Ann Forks

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

17. INFORMANT Robert J. Hicks  
 (ADDRESS) 21 W. Broadway City

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE 11-7 1933

19. UNDERTAKER Charles Lunn, Co.  
 (ADDRESS) 16 N. 10th St.

20. FILED 11/7 1933 Allie Selby  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1933 to Nov 5 1933  
 I last saw her alive on Oct 31 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:

Congenital heart disease  
patient under  
ventricular septum

Date of onset       

Other contributory causes of importance: 157c

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? No  
 If so, specify         
 (Signed) E. D. Baskett M. D.  
 (Address) Columbia 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.

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