

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

Do not use this space.

OCT 16 1934

1. PLACE OF DEATH

County Bark
Township Pontiac
City Pontiac (No.)

Registration District No. 920
Primary Registration District No. 586279

File No. 21365-A
Registered No. 6
St. Ward)

2. FULL NAME

Natalie Hicks

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 18 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 4 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Jake Beehler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hannibal
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Hask

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hannibal Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs H.R. Barner
(Address) Pontiac Mo.

15. Sept 25, 1934 Mary F. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1934

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1934 to May 27, 1934
that I last saw her alive on May 27, 1934, and that death occurred, on the date stated above, at 5:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Child Birth

CONTRIBUTORY (SECONDARY) 149 duration, yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 149 duration, yrs. mos. ds.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.T. White, M. D.
, 19 (Address) Hainesville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

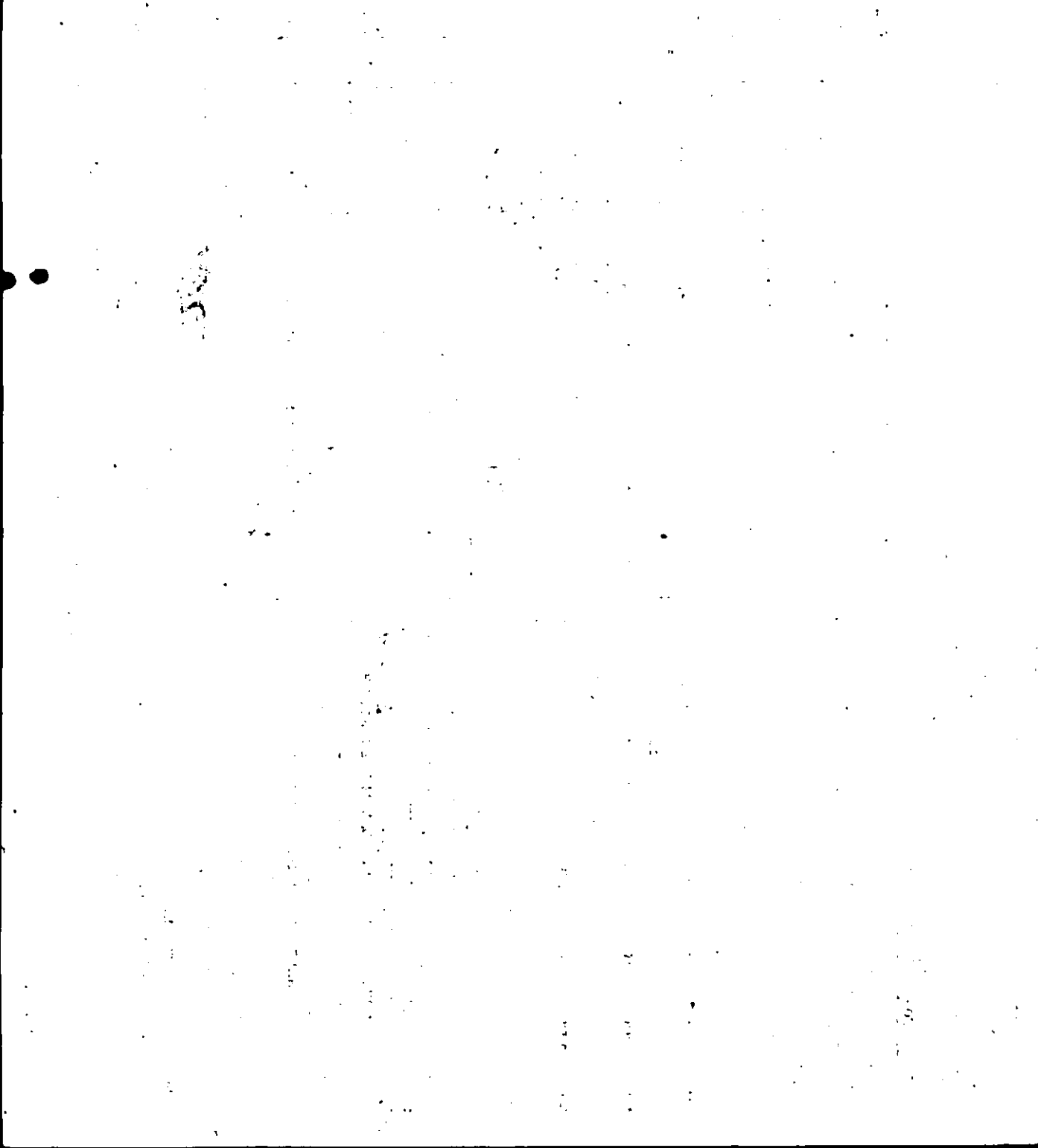
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Pontiac Mo June 3 1934

20. UNDERTAKER ADDRESS

H.R. Barner Pontiac Mo

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.



I have information from reliable persons in regard to Kate Hicks - she exposed herself before baby was born - she done farm work plowed and hauled lifted, went in rain.

Kate Hicks husband had deserted her several years ago, Mrs Hicks and her four small children lived alone as she was going to have a unlawful child the neighbors dropped her so when she got down sick she lay for several days the children became alarmed and ran and told the neighbors the neighbors went and called a doctor But she was out of medical reach

This woman died of neglect by herself

Mary F. Johnson D. R.

21365-4

I have information from reliable person
in regard to Kate Nickle - she expressed
herself before baby was born - she done fair
work plowed and horse lifted, went in rain.

Kate Nickle's husband had deserted her say
years ago, Mrs Nickle and her four small
children lived alone as she was young to have a widow
child the neighbors dropped her so when
she got down sick she lay for several days
the children became alarmed and neighbors
went and told the neighbors its neighbors
went and called a doctor But she was
out of medical reach

This woman died of neglect by herself

Mary F. Johnson L. R.

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