

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

Do not use this space.

21521

1. PLACE OF DEATH

County Bullitt
Township Liberty
City Hanna (No. _____)

Registration District No. 712
Primary Registration District No. 5941

File No. _____
Registered No. 14 St. _____ Ward _____

2. FULL NAME

Imo Nicks

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dwight Nicks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 1903</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>10</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Feb. 1, 1934</u>	
	11. Total time (years) spent in this occupation <u>30</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stanna Mo</u>		
MOTHER	13. NAME <u>Maude Hendrix</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanna Mo</u>	
	15. MAIDEN NAME <u>Bell Jenkins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adrian Mo</u>	
17. INFORMANT (ADDRESS) <u>Carl Nicks, Brownfield mo</u>		
18. BURIAL (CREMATION, OR REMOVAL) PLACE DATE <u>Cath. lawn 6.13.34</u>		
19. UNDERTAKER (ADDRESS) <u>W. Deery, Richwood Mo</u>		
20. FILED <u>June 12 1934</u> <u>Orville Oliver</u> Registrar.		

21 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12 1934

22. I HEREBY CERTIFY, that I attended deceased from June 5, 1934 to June 12, 1934
I last saw her alive on June 10, 1934 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Pneumonia, acute Date of onset 6-1-34
12/13A 13A

Other contributory causes of importance:
Nephritis, interstitial

Name of operation _____ Date of _____

What test confirmed diagnosis? Wright's Was there an autopsy? no

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 _____

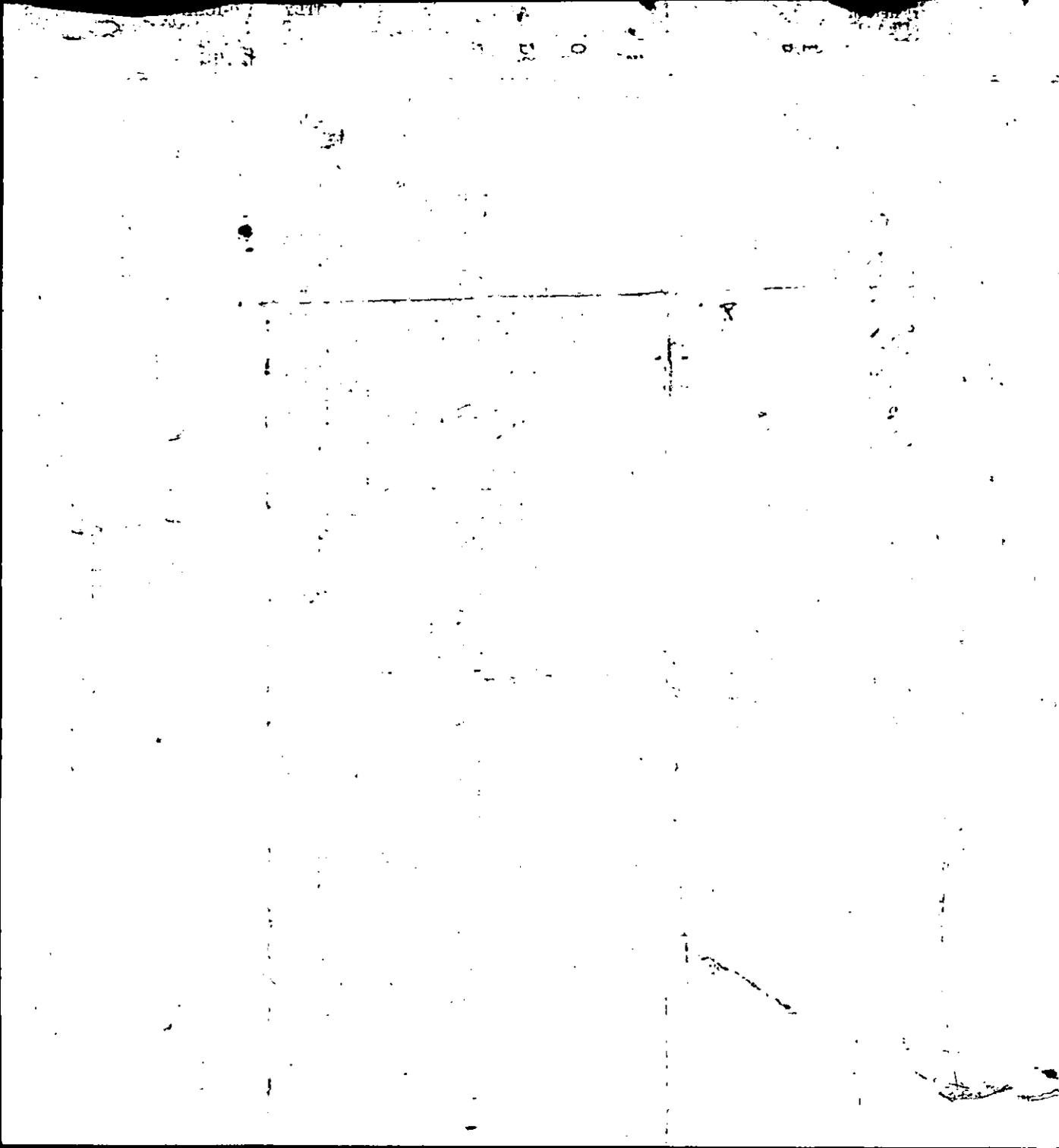
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) C. Mallett, M. D.
(Address) Crocker, Mo.

C. Mallett

N. B.—Everywhere information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26 1934



DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Beelocke

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Imo Neeks
Who died at _____ on June 12 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W ~~Single, married, widowed or divorced:~~ _____

Date of birth: _____ Age: Years 30 Months 10 Days 27

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 12 Year 1931
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Dysentery amebic

Other contributory causes of importance Chronic Intestinal neoplasms ✓

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar Evert A. Oliver

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 712

Very truly yours,
E. J. McLaugh *md*
gc

Primary Reg. Dist. No. 5941

Special Agent.

5-21 5-21