

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

Do not use this space.

OCT 11 1934

1. PLACE OF DEATH

County Benton Registration District No. 61
Township Alexander Primary Registration District No. 5098
City Fairfield (No. _____ St. _____ Ward _____)

File No. 31920

Registered No. 35

2. FULL NAME

(a) Residence, No. Fairfield, Mo. 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 male 4. COLOR OR RACE whit 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) Jan 14 1876

7. AGE YEARS 58 MONTHS 7 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Missouri

13. NAME J M Hicks

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

15. MAIDEN NAME Elizabeth Bavers

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

17. INFORMANT (ADDRESS) Ann Conn
Warsaw, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfield DATE 9/13 1934

19. UNDERTAKER (ADDRESS) W R Lueker
Whitland, Mo.

20. FILED 9-12 1934 Joe A Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 13 1913 to Sept 12 1934

I last saw him alive on Sept 10 1934 Death is said to have occurred on the date stated above, at 6:30 PM

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

Chronic Interstitial Nephritis Date of onset Jan 1933
131

Other contributory causes of importance: 131

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) James P Logan, M. D.
(Address) Warsaw Mo

