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.

NOV 19 1934

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

Do not use this space.

35673

1. PLACE OF DEATH
County Dunklin — Registration District No. 289 — File No.
Township Cotton Hill — Primary Registration District No. 5407 — Registered No. 18
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Riley Eugene Hix
(a) Residence No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10 - 1934
7. AGE: YEARS | MONTHS | DAYS: 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Malden Mo

FATHER
13. NAME: Hyman Hix
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kennett Mo

MOTHER
15. MAIDEN NAME: Mable Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

17. INFORMANT (ADDRESS): Hyman Hix Malden Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Gilead DATE 10-29 1934
19. UNDERTAKER (ADDRESS): W. L. Craig Malden Mo
20. FILED 10/29 1934 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1934, to Oct 29, 1934
I last saw him alive on Oct 28, 1934. Death is said to have occurred on the date stated above, at 1:50 A.m.
The principal cause of death and related causes of importance were as follows:
Locked Bowell. — Date of onset
6 oclock morning Oct 28-1934
12 ... 1192

Other contributory causes of importance:
Had the ~~Cattle~~ Enterocolitis for several days and illness formed

Name of operation: none — Date of ✓
What test confirmed diagnosis? No Bowell ~~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) Gregdon Carlstrom, M. D.
(Address) Malden, Mo.