

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

Do not use this space.

JAN 10 1935

45484

1. PLACE OF DEATH

County Scott Registration District No. 821
Township Richland Primary Registration District No. 4553
City Schubert Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Cora Leticia Hicks
(a) Residence, No. 309 North West St. R. 2d Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29-1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 0 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse work
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) Kentucky

13. NAME Brooks

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Floyd Hicks
Schubert, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Diehlstadt DATE Dec 23, 1934

19. UNDERTAKER (ADDRESS) H. J. Welsh
Schubert Mo

20. FILED 12/31/34 H. H. Crumley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1934, to Dec 22, 1934
I last saw her alive on Dec 22, 1934 Death is said to have occurred on the date stated above, at 6:30 P. m.

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

Pneumonia (lobar) Dec 1-34
108
930/106
Other contributory causes of importance: myocarditis Dec 9-34

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) H. A. Dunaway, M. D.
(Address) Schubert Mo

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