MAY 15 1935

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

Do not use this space.

15254

1. PLACE OF DEATH
County Schuyler
Township Fabius
City Downing (No. , St. Ward)

Registration District No. 802
Primary Registration District No. 4481
File No.
Registered No.

2. FULL NAME James H Hicks
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired oil dealer
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) Schuyler Co Mo

FATHER
13. NAME Alfred Hicks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Sarah Beard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Helen Hicks (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Downing DATE Apr 29 1935

19. UNDERTAKER Loyd Moore (ADDRESS) Downing Mo.

20. FILED April 25 1935 J. B. Bridger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20 1935 to , 19
I last saw him alive on April 20 1935 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows: Date of onset
General Debility And Chronic Nephritis He has been down for 1 yr. And I only seen him
Other contributory causes of importance: the one time

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 None
Nature of injury "

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) H. C. Irwin M. D.
(Address) Downing 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.