

SEP 24 1935

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

Do not use this space.

27158

1. PLACE OF DEATH

County New Madrid Registration District No. 605
Township Com Primary Registration District No. 4359
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Mrs. Josiah Qualls 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1935, to Aug 15, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1887

I last saw him alive on Aug 1, 1935 Death is said to have occurred on the date stated above, at 9:00 m.

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>48</u>	<u>0</u>	<u>11</u>		

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

myocarditis Date of onset _____

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

9301

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Jos Qualls

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. _____

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

Manner of injury _____

Nature of injury _____

15. MAIDEN NAME Nan Hicks

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

17. INFORMANT Bedford Hicks (ADDRESS) Malcolm Rd 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Stephenson Cem DATE Aug 16, 1935

19. UNDERTAKER (ADDRESS) _____

20. FILED 8/16, 1935 D. G. Scott Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Dr. G. W. Husted, M. D.

(Address) Parma, Mo.

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

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23
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