NOV 26 1935

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

Do not use this space.

33045

1. PLACE OF DEATH
County: Jasper — Registration District No.: 408 — File No.:
Township: ~~[illegible]~~ — Primary Registration District No.: 3030 — Registered No.:
City: Carthage (No. 1001 W. Buchanan St. Ward)

2. FULL NAME: Vivian Virginia Hicks
(a) Residence, No. 1001 W. Buchanan 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: Female — 4. COLOR OR RACE: White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 9, 1935

7. AGE — YEARS: 0 — MONTHS: 0 — DAYS: 1 — 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): Carthage Mo.

FATHER
13. NAME: Alvy Hix
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co. Mo.

MOTHER
15. MAIDEN NAME: Virginia Driver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Alvy Hix Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Oak Hill — DATE: Oct 11, 1935

19. UNDERTAKER (ADDRESS): Ulmer Funeral Home Carthage Mo.

20. FILED: Oct 11, 1935 — L. B. Clinton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-9-35, 19..., to 10-10-35, 19..., I last saw her alive on 10-9-35, 19... Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (5½ mo.)	

Other contributory causes of importance:

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:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) Homer E. Byrd, M. D.
(Address) Carthage Mo.

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.