NOV 13 1935

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

Do not use this space.

33396

1. PLACE OF DEATH

County Mississippi — Registration District No. 5-67 — File No.

Township St. Wm James — Primary Registration District No. 5-763 — Registered No. 75

City Anniston (No. ..... St. ..... Ward)

2. FULL NAME Matthew Aaron Hicks

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 1864

7. AGE — YEARS 71 — MONTHS 8 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Middleton Tennessee

FATHER
13. NAME John Hicks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Robert Stewart Anniston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cemetery DATE Oct. 30 1935

19. UNDERTAKER (ADDRESS) Frank Lair Funeral Service Charleston, Mo

20. FILED Oct 28 1935 Duff M Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH 10 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....
I last saw h..... alive on No Doctor, 19..... 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:

Gun shot wound in head 184 — Date of onset 1.0

Other contributory causes of importance:

None

Name of operation ..... Date of .....
What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 19....
Where did injury occur? Anniston, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Accidental shot in head
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Paul T Hackney-Coroner, M.D.
(Address) Charleston 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.