.R.R.

JAN 30 1936

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.

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

Do not use this space.

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1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff, — Primary Registration District No. 3007 — Registered No. 7
City Poplar Bluff, (No. Lucy Lee Hospital St. Ward)

2. FULL NAME Hubert Hickson
(a) Residence, No. 33 Sycamore St. 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: Male
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: Bertha Hickson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 14, 1882
7. AGE: 43 YEARS — MONTHS: 0 — DAYS: 29 — 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. War Veteran
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): Dexter Missouri

FATHER
13. NAME: George Hickson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Mary Drake
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Bertha Hickson Poplar Bluff, mo.
18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem.
PLACE Poplar Bluff, Mo. DATE 1/15 36
19. UNDERTAKER (ADDRESS): Frank Und Co. Poplar Bluff, Mo.
20. FILED 1/15 1936 O. C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 13, 1936
22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ....., 19...., to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbolic-Acid Poisoning	1/13/36

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1/13, 1936
Where did injury occur? Poplar Bluff, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Drank 1/2 oz Carbolic Acid
Nature of injury Hemorrhage & Stomach

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. Richard Reynolds Coroner, M. D.
(Address) Poplar Bluff, Mo.