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.

FEB 20 1936

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

Do not use this space.

1631

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Blue — Primary Registration District No. 1002 — Registered No. 485
City Kansas City (No. Leeds Hospital St. Ward)

2. FULL NAME Hicks - Ernest
(a) Residence, No. 2610 - Holmes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Barney Hicks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan - 15 - 1901
7. AGE: YEARS 35 — MONTHS 0 — 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. Barber
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): Mo.

FATHER
13. NAME: Hicks - Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

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

17. INFORMANT (ADDRESS): K. C. M. T. B. - Hospital Leeds, Mo.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Eldon Mo. DATE 2-1-36, 19
19. UNDERTAKER (ADDRESS): Peter B. Lopeting 536 Campbell
20. FILED 1-31-1936 M. M. Jerome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934, to Jan. 30, 1936
I last saw h. m alive on Jan 30, 1936. Death is said to have occurred on the date stated above, at 1:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance: None

Name of operation: None — Date of
What test confirmed diagnosis? Gray Spulum — Was there an autopsy? No

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? No
If so, specify
(Signed) J. S. Hoffman, M. D.
(Address) K. C. M. B. Hospital Leeds, Mo.

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