

NOV 4 1936

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

Do not use this space.

791

39203

1003

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. Barnes Hosp.)

File No.....

Registered No. 10235

St. Ward)

2. FULL NAME Marvin Albert Hicks

(a) Residence, No.....

St. N.P. Ward. Newton, Ill.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

about 1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

apt. 38

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.

General Duties

10. Date deceased last worked at this occupation (month and year)

Unknown

11. Total time (years) spent in this occupation

30

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

Newton Illinois

13. NAME

Owen Hicks

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

Unknown Illinois

15. MAIDEN NAME

Strole

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

Unknown Illinois

17. INFORMANT (ADDRESS)

Roscoe Hicks Bellefontaine Ill. R.F. #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kerns, Ills. DATE Oct. 11 - 1936

19. UNDERTAKER (ADDRESS)

65 Albert H. Horn 459 N. Euclid Ave

20. FILED

OCT 10 1936J. T. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

10 - 9 1936

22. I HEREBY CERTIFY, That I attended deceased from

9-30 1936 to 10-9 1936I last saw him alive on 10-9 1936 Death is saidto have occurred on the date stated above, at 5:00 P.M.

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

TUMOR OF BRAIN non-malignantDate of onset 2 yrs

Other contributory causes of importance:

Name of operation Cerebral Craniotomy Date of 10-9-36What test confirmed diagnosis? operation 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?.....

If so, specify

(Signed) Fred C. Reynolds, M. D.(Address) BARNES HOSPITAL

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.

