

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.

JAN 19 1937

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

Do not use this space.

44790

1. PLACE OF DEATH

County Jackson Registration District No.
Township Primary Registration District No.
City Warrensburg (No. 1000) Jack. Mo. St. Ward

File No.

Registered No.

2. FULL NAME Le Roy Hicks

(a) Residence, No. Warrensburg, Mo. 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 0 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Resturant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator
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 James Hicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Belle Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Frieda Hicks
Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg, Mo. DATE 12-13-36

19. UNDERTAKER (ADDRESS) Snarrell Davidson
2825 Broad

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) 12/12/36

22. I HEREBY CERTIFY That I attended deceased from 12/12/36 to 12/12/36

I last saw him alive on 12/12/36 at 3:30 P 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:

Automobile Traumatism
Pushing injury of Chest
Relative Hemorrhage

Other contributory causes of importance:

Name of operation NO

What test confirmed diagnosis Diagnosis Was there an autopsy? NO

23. If death was due to natural causes, whether fill in with the following: Accident, suicide, or homicide. Date of injury 12/12/36

Where did injury occur? Jackson, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Car accident

Manner of injury Car accident

Nature of injury

24. Was disease or injury in any way related to the occupation of deceased? NO
If so, specify

(Signed) [Signature], M. D.
(Address)

