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.

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22547

Township ..... Primary Registration District No. 1003 Registered No. 6299

City St. Louis (No. BARNES HOSPITAL St. ..... Ward)

2. FULL NAME Clyde Ernest Hicks

(a) Residence, No. ..... St., NR Ward. Waynesville Mo
(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 Zula Hicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 - 1893

7. AGE 5 to 4 — YEARS 43 — MONTHS 9 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Garage)

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 William Hicks

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

MOTHER

15. MAIDEN NAME Unknown Vincent

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

17. INFORMANT (ADDRESS) Barnes Hospital. Mrs. ~~[illegible]~~ MULVIHILL

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waynesville Mo DATE June 29 1937

19. UNDERTAKER (ADDRESS) Albert H. Hope 429 N. Euclid Ave

20. FILED JUN 28 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 19..., to 6-25, 1937

I last saw him alive on 6-25, 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Pulmonary Tuberculosis, Bilateral

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical 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) A. B. Phillips, M. D.

(Address) BARNES HOSPITAL

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