

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 Washington
 110 Township Bretas
 City Potosi (No. _____) St. _____ Ward _____

Registration District No. 887
 Primary Registration District No. W179

File No. 4482
 Registered No. _____

2. FULL NAME James L. Hicker

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 05 11

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. Laborer
 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) Potosi Mo
Crafford Mo

MOTHER 13. NAME Auto Hicker

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

15. MAIDEN NAME Maggie Phillips

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

17. INFORMANT (ADDRESS) Maggie Conway
Chavez Well Ma

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE July 9 1938

19. UNDERTAKER (ADDRESS) Marko Potosi

20. FILED Feb 10 1938 G. J. Cresswell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jul 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1938 to Feb 8 1938
 I last saw him alive on Feb 8 1938. Death is said to have occurred on the date stated above, at 2 P. m.

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

Ruptured Liver
Auto Accident

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc Date of injury Jul 2, 1938
 Where did injury occur? Highway (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Truck run off bridge
 Manner of injury panned under truck
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) G. J. Cresswell M. D.
 (Address) Potosi Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of

Allen

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4482
Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 887
(b) Township Bretton Primary Registration District No. 6179 Registered No. _____
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James H. Hicks

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 4 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Mar 21 1938 G. F. Cresswell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h. _____ alive on _____, 19__ 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:

Ruptured liver
auto accident

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury Feb 7, 1938

Where did injury occur? Highway (Specify city or town, county, and State)

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

injury on road

Manner of injury hit by auto truck

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) G. F. Cresswell, M. D.

(Address) patasi mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-4482

1938