REC'D JUL 19 1938

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

21455
Do not use this space.

1. PLACE OF DEATH
(a) County Caldwell
Registration District No. 96
(b) Township Gomer
Primary Registration District No. 5148
Registered No. 21
(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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ralph Hicks
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

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 Bella Hicks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1861
7. AGE YEARS 77 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.

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. Farmer
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) Kewdena Co Mich

FATHER
13. NAME John Hicks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng.

MOTHER
15. MAIDEN NAME Grace Hallow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng.

17. INFORMANT (ADDRESS) Russel Hicks Nettleton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE June 19 1938 Breckenridge Mo
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H McPeek & Son Breckenridge Mo
20. FILED June 25 1938 Merle Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1938, to June 18 1938
I last saw him alive on June 17 1938. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombo-Phlebitis Left Popliteal	1/24/38
97	

Other contributory causes of importance:
Generalized Arterio Sclerosis

Name of operation none Date of
What test confirmed diagnosis? Phys diag 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) Hubert R. Brock, M. D.
100 (Address) Hamilton Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, T. F. McPeek + Ernest McPeek, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed T. F. McPeek
Ernest McPeek

Licensed Embalmer No. 1740-371

P. O. Address Breckenridge Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.