

REC'D JUL 15 1938 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22335
Do not use this space.

1. PLACE OF DEATH - *Livingston*
 (a) County *Livingston* Registration District No. *504*
 (b) Township _____ Primary Registration District No. *3026* Registered No. _____
 (c) City *Chillicothe* (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 *Kenneth G Hicks* 200
 (a) Residence, No. _____ St. (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) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct - 31 - 1918*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 7 22
 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 *0*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Chillicothe Mo*
 FATHER
 13. NAME *Oliver D Hicks*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Tennesse Miss*
 MOTHER
 15. MAIDEN NAME *Mary E Noah*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sampson Mo*
 17. INFORMANT (ADDRESS) *Oliver D Hicks Chillicothe Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Edgewood lawn* DATE *June 23 1938*
 19. FUNERAL DIRECTOR (ADDRESS) *Jas D Gordon Chillicothe Mo*
 20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June - 23 - 1938*
 22. I HEREBY CERTIFY that I attended deceased from *June 17 1938* to *June 23 1938*
 I last saw him alive on *June 23 1938*. Death is said to have occurred on the date stated above, at *7:30* a.m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis Date of onset *4 yrs ago*
g2N
 Other contributory causes of importance: *Inflammatory Rheumatism*
 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? *no*
 If so, specify _____
 (Signed) *W. E. ...*
 (Address) *Chillicothe, Mo*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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22335
Do not use this space.

1. PLACE OF DEATH

(a) County Lumpkin Registration District No. 508
(b) Township _____ Primary Registration District No. 3026 Registered No. 249
(c) City Chillicothe (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Kenneth G. Heels

(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 male 4. COLOR OR RACE white 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) Oct 31 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 7 22

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) Chillicothe no

FATHER 13. NAME Oliver D. Hicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson no
Lumpkin no

MOTHER 15. MAIDEN NAME Mary E. Orsby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sanders no
no

17. INFORMANT (ADDRESS) Oliver D. Hicks no
Chillicothe no

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE June 25, 1938

19. FUNERAL DIRECTOR (ADDRESS) Jas D. Gordon
Chillicothe no

20. FILED June 25, 1938 Ronald M. Stewart Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 38

I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to June 23, 1938
I last saw him alive June 23, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

sub. Carditis Date of onset _____
Inflammatory Rheumatism

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? _____ 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) M. E. Elliot M.D.
(Address) Chillicothe no

N. B. THIS FORM IS TO BE FILLED BY THE REGISTRAR AND NOT RECEIVED BY THE PATIENT OR HIS RELATIVES. THESE ARE COMPLETED AS PREC. SEC. BY A. W.

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