

OCT 6 1938

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

31828  
Do not use this space.

1. PLACE OF DEATH *Caldwell?*  
 (a) County *Caldwell?* Registration District No. *94*  
 (b) Township *Breckinridge* Primary Registration District No. *94* Registered No. \_\_\_\_\_  
 (c) City *Breckinridge* (d) Street No. \_\_\_\_\_  
 (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 *Anna Rebecca Hicks*  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 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 *Richard H. Hicks*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 6 1870*  
 7. AGE YEARS *68* MONTHS *6* DAYS *17* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *House Wife*  
 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) *Logan Co Ohio*  
 FATHER 13. NAME *J.P. Hanks*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*  
 MOTHER 15. MAIDEN NAME *Hervett Youngman*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*  
 17. INFORMANT (NAME) (ADDRESS) *Richard H. Hicks Breckinridge*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Rose Hill* DATE *Sept 25 38*  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *T. McBeck & Son Breckinridge*  
 20. FILED *Sept 24* 1938 *R. Wilsey M.D.* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 23 1938*  
 22. I HEREBY CERTIFY, That I attended deceased from *Feb 16* 1938, to *Sept 26* 1938  
 I last saw her alive on *Sept 23* 1938. Death is said to have occurred on the date stated above, at *12 noon*  
 The principal cause of death and related causes of importance were as follows:  
*Cerebral hemorrhage*  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation *none* Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) *E. A. Thompson* M. D.  
 (Address) *Breckinridge Mo*

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, .....

....., or by .....

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

Signed *Ernest S. McPeak*

Licensed Embalmer No. *3113*

P. O. Address *Buckeye*

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

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

31828

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1. PLACE OF DEATH

(a) County Caldwell Registration District No. 94  
 (b) Township..... Primary Registration District No. 4035 Registered No.....  
 (c) City Breckenridge 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 Anna Rebecca Nicolls

(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

MEDICAL CERTIFICATE OF DEATH

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

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.  
68 6 17

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 Sept 24 1934 A. R. Vlesy Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1934 to Sept 23 1934

I last saw h..... alive on Sept 23, 1934. 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:

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?..... 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) E. A. Thompson, M. D.

(Address) Breckenridge

SUPPLEMENTARY

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

