

REC'D OCT 24 1936

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

32721  
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 5-385  
 (b) Township Gates Primary Registration District No. 5-727 Registered No. 83  
 (c) City Fredricktown, Mo. (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred RFD # 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Useful 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) widowed  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mrs. Anna Hicks  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1851  
 7. AGE YEARS 87 MONTHS 8 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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) Madison County (STATE OR COUNTRY) Tennessee

13. NAME Louis P. Hicks

14. BIRTHPLACE (CITY OR TOWN) Levin (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Elyza Bennet

16. BIRTHPLACE (CITY OR TOWN) Levin (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) M. W. William Hicks  
Fredricktown, Mo. RFD # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredricktown DATE 10/2/1938

19. FUNERAL DIRECTOR (NAME) Ed. H. Webb (ADDRESS) Fredricktown, Mo.

20. FILED (initials) 1935 B. C. S. Campbell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1938, to Sept. 29, 1939  
 last saw him alive on Sept. 29, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach  
46  
 Other contributory causes of importance: Diabetes

Name of operation \_\_\_\_\_ 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? no 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) M. B. Baker M. D.  
 (Address) Fredricktown, Mo.

**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,

*Ed. H. Webb*

or by

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

Signed

*Ed. H. Webb*

Licensed Embalmer No.

*731*

P. O. Address

*Fredericktown*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to do so 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.

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

32721  
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1. PLACE OF DEATH

(a) County Madison Registration District No. 538  
(b) Township Castor Primary Registration District No. 572.7 Registered No. 83  
(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 Alfred Fredonia Heers

(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 (write the word) wid

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 mln.  
87 8 5-

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farm  
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. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 19 1938 S. C. Blawie Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 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:

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) M. B. Barber, M. D.

(Address) Yeddesen town 2000

