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.

MAR 20 1939

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

Do not use this space.

7080

1. PLACE OF DEATH

County: Linn — Registration District No.: 501 — File No.:

Township: ~~Locust Creek~~ — Primary Registration District No.: 4304 — Registered No.:

City: Linneus (No. ..... St. ..... Ward)

2. FULL NAME 220 James H. Hickox

(a) Residence, No. ..... St., ... Ward. (Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 18, 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, 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): Morgan County, Illinois

FATHER

13. NAME: Albert Hickox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXXXXXXX, XXXXXXXXXXXX

MOTHER

15. MAIDEN NAME: Mary E. Rusk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXXXXXXX, Illinois

17. INFORMANT (ADDRESS): E. S. McClanahan, Linneus, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Elmwood Cem. DATE: 2/2/1939, 19

19. UNDERTAKER (ADDRESS): Thorne Undertaking Co., Linneus, Missouri

20. FILED 3-8 1939 Maud T Webb, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/1/1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1939, to Feb 1, 1939

I last saw him alive on Jan 31, 1939. 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:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Arteriosclerosis

Hypertension

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? ..... 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) J. Dixon, M. D.

(Address) Linneus, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-387

Date Filed MAR 10 1939