

REC'D AUG 19 1938

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

27155
 Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Co Registration District No. 892
 (b) Township Williams Primary Registration District No. 6193 Registered No.
 (c) City (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

200 Mary Caroline Hicks
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1938

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

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) near Williamsville (STATE OR COUNTRY)

FATHER 13. NAME Ed Hicks
 14. BIRTHPLACE (CITY OR TOWN) Wayne Co, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nettie Abrams
 16. BIRTHPLACE (CITY OR TOWN) Piedmont Mo. (STATE OR COUNTRY)

17. INFORMANT Ed Hicks (ADDRESS) Williamsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holladay Cem DATE July 23, 1938

19. FUNERAL DIRECTOR None (ADDRESS)

20. FILED July 22 1938 Mrs. Hattie McShee Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1938

22. I HEREBY CERTIFY That attended deceased from 19....., to 19.....

I last saw her... alive on 1938. Death is said to have occurred on the date stated above, at 5-10 p.m.

The principal cause of death and related causes of importance were as follows:

Premature Birth

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? no
 If so, specify X

(Signed) es. Dawson M. D.

(Address) Piedmont Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

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

Signed.....

Licensed Embalmer No.....

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.)