

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 20 1939

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

29860  
Do not use this space.

1. PLACE OF DEATH

(a) County Amisat Registration District No. 60-1  
(b) Township Caruthersville Primary Registration District No. 4388 Registered No. 79  
(c) City Caruthersville (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

James 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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-4-1864

7. AGE YEARS 75 MONTHS 3 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. Common labor  
10. Date deceased last worked at this occupation (month and year) 3-10-1929 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Byhalia Miss

FATHER 13. NAME John Hicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Byhalia Miss

MOTHER 15. MAIDEN NAME Jessie May

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Byhalia Miss

17. INFORMANT (ADDRESS) Winnie Hunt Caruthersville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville DATE 8-5-39

19. FUNERAL DIRECTOR (ADDRESS) Mr. J. Smith Health - Mo

20. FILED Aug. 5 1939 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-39

22. I HEREBY CERTIFY, That I attended deceased from Aug 4th 1939, to Aug 4th 1939. I last saw her alive on Aug 4th 1939. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:

Strangled by Vermin  
Date of onset

Other contributory causes of importance: Senility

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) W. Luten M. D.  
(Address) Caruthersville, Mo

RECEIVED

District Health Officer No.

District File Number 939-5

Date Filed 9/6/3

**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 the above constitutes grounds for revocation of license.)**