

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

Do not use this space.

30633

**1. PLACE OF DEATH**

County Windsor Registration District No. 14  
Township Windsor Primary Registration District No. 4211  
City Windsor (No.         ) St.          Ward (No.         )

File No.           
Registered No. 31

**2. FULL NAME**

Jewell Pearl Hicks  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1 - 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>18</u>	<u>10</u>	<u>26</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At home  
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Henry County

**10. NAME OF FATHER**

B. W. Hicks

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Tenn.

**12. MAIDEN NAME OF MOTHER**

Lucy Hayer

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**14. INFORMANT**

B. W. Hicks  
(Address) Windsor Mo

DECEASED Sept 28 19 29

REGISTRAR D. Jennings

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1929, to Sept. 26, 1929, that I last saw him alive on Sept. 1, 1929, and that death occurred, on the date stated above, at          p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH State Hosp. Nevada

DID AN OPERATION PRECEDE DEATH? NO DATE OF         

WAS THERE AN AUTOPSY?         

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) Will P. Bradley M. D.  
, 19          (Address) Windsor Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Windsor Mo 9/28/1929

**20. UNDERTAKER**

**ADDRESS**

C. A. Roof Windsor

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.

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