

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

Do not use this space.

11914

1. PLACE OF DEATH

County Shannon
Township Carroll
City (No.) St. Ward

Registration District No. 824
Primary Registration District No. 6076

File No.
Registered No.
St. Ward

2. FULL NAME

John Harrison 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-7-1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 | 8 | 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) Mo

10. NAME OF FATHER Robert S Hicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Rathanne Volley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT T. F. Hicks
(Address) Anna Mo

15. FILED 3-28-1928 Frank Lloyd Mo REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1928, to Mar 28, 1928 that I last saw alive on Mar 25, 1928, and that death occurred, on the date stated above, at 11 - a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Polar Pneumonia
108 101 a
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Frank Lloyd, M. D.
3-28-1928 (Address) Carroll 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 Musell Chapel DATE OF BURIAL 3-29-1928

20. UNDERTAKER None ADDRESS

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.

30.1928

