101
1929
0

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

5011

1. PLACE OF DEATH
County Shannon Registration District No. 824 File No.
Township Eminence Primary Registration District No. 6076 Registered No.
City (No. St. Ward)

2. FULL NAME Calvin 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 3 yrs. 10 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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) Feb 25 - 25 -
7. AGE 3 YEARS 10 MONTHS 11 DAYS If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Eminence
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Oscar Hicks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Winona
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Dorothy Elliott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bunker
(STATE OR COUNTRY) Mo

14. INFORMANT Oscar Hicks
(Address) Eminence Mo

15. FILED 1-4, 1929 Frank Hyde MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Burned to death in burning dwelling house

180 178
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 23

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? View

(Signed) F B Houghton Coroner M.D.

, 19 (Address) Eminence 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 Munsells Chapel
DATE OF BURIAL 1/4 1929

20. UNDERTAKER None
ADDRESS —