

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.

MAR 25 1930

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

Do not use this space.

4044

1. PLACE OF DEATH
 County Boone Registration District No. 71
 Township Hickman Primary Registration District No. 5-110A
 City Hickman (No. _____) St. _____ Ward _____

2. FULL NAME John Chick
 (a) Residence No. Eastley 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.

File No. _____
 Registered No. 6
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 11 21

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1930
 17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1929, to Feb 12 1930
 that I last saw him alive on Feb 12 1930 and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 51
 (duration) _____ yrs. mos. ds.

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 _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) H. P. Boyer, M. D.
412, 1930 (Address) Ashland Mo

9. BIRTHPLACE (CITY OR TOWN) Boone Co
 (STATE OR COUNTRY) _____

PARENTS
 10. NAME OF FATHER John Chick
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Bertha Hughes
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co
 (STATE OR COUNTRY) _____

*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.

14. INFORMANT Chris Perkins
 (Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nashville, Tenn
 DATE OF BURIAL Feb 13 1930

15. FILED 3/8 1930 A. J. Nichols
 REGISTRAR

20. UNDERTAKER Reverdy
 ADDRESS Columbia

