APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 398 — File No. 12144
Township BLUE — Primary Registration District No. 5554 — Registered No. 108
City ..... (No. ROCK ISLAND CROSSING ON BLUE RIDGE CUT OFF. St. ..... Ward)

2. FULL NAME MRS. ETHEL D. HICKS.
(a) Residence, No. 2039 ASHLAND AVE. St., ... Ward. KANSAS CITY, MO.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF ARTHUR O. HICKS.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBR. 25, 1891

7. AGE — YEARS 46 — MONTHS 0 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CUSTODIAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BLUE SUMMIT SCHOOL
10. Date deceased last worked at this occupation (month and year) MAR. 19 1937
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEIR CITY KANSAS

FATHER
13. NAME (NO RECORD) BIRD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

MOTHER
15. MAIDEN NAME EUGENE MOBELY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEIR CITY KANSAS

17. INFORMANT (ADDRESS) MRS. M. F. HOWERTON 810 W. ST. CHARLES., INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE MAR. 24, 1927, 19

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME. 815 W. MAPLE AVE., INDEP. MO.

20. FILED 3-25-1937 F. L. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 20, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Sydney Cowan, 19 ..., 19 ...
I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 5:45 P.m.
The principal cause of death and related causes of importance were as follows:
Fracture of the skull — Date of onset

Other contributory causes of importance:

W 206 M

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/20/37
Where did injury occur? Jackson Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Railroad tracks
Manner of injury Motor train and motor car
Nature of injury Collided at crossing

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

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.