

MAKING REPRODUCED FOR INDEXING
WRITABLE, WITH UNFADING INK—THIS IS A PERM-VEST RECORD
Every item of information should state CAUSE OF DEATH
COPATION is very important. See instructions on back of certificate.

FORM V - 1-20-12 1-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Grant
Vol. No. Journal Registration District No. 1104
Inc. Town..... Primary Registration District No. 5830
City..... (No)..... (St.)..... (Ward)

File No. 8638
Registered No. 01
If death occurred in a hospital or institution give its NAME (street or street and number)

FULL NAME Joseph Hicks

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

DATE OF BIRTH Feb 27, 1914
(Month) (Day) (Year)

AGE 25 yrs. mo. 18 da. IF LESS than 1 day... hrs. or... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) Kentucky

PARENTS
10 NAME OF FATHER William Hicks
11 BIRTHPLACE OF FATHER (State or country) Not known
12 MAIDEN NAME OF MOTHER Catherine Smith
(State or country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sam Hicks
(Address) Acanton P.O. #4

15 Wm. H. H. S. L. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 17, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 10, 1914 to May 21, 1914, that I last saw him alive on May 21, 1914, and that death occurred on the date stated above at h.A.M. The CAUSE OF DEATH was as follows:
A failure of the heart
due to the heart and
the coronary artery complication
(Duration) 5 yrs. mo. da.

Contributory (Cause)..... (Duration)..... yrs. mo. da.
(Signed) P. Gray M. D.
Mar 15, 1915 (Address) Long Ridge Ky

18 State the Disease Causing Death, or, infer the same from Violent Cause, or (1) Means or Injury, and (2) Location of Hospitals, Institutions, Transients or Recent Residents)
At place of death..... yrs. mo. da. In the State..... yrs. mo. da.
Where was disease contracted, if not at place of death?
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Concord Church DATE OF BURIAL Mar 19, 1915
UNDERTAKER Walker & Beverly ADDRESS Acanton Ky

11-3114

DELAY