

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

Do not use this space.

1927

1. PLACE OF DEATH

County Cass
Township Peculiar
City..... (No.) St. Ward)

Registration District No. 156
Primary Registration District No. 5220

File No. 14501-a
Registered No. 16

2. FULL NAME

Elphalest H. Bricter

(a) Residence. No. St. Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Bricter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1 - 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>3</u>	<u>29</u>	

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) Penn

PARENTS

10. NAME OF FATHER Jerimah Bricter

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

12. MAIDEN NAME OF MOTHER Eura Ann Aughinbaugh

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

14. INFORMANT Edward Bricter
(Address) R 5 - Harrisonville mo

15. FILED 5/30 27 D. Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1927

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..... 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplectic stroke
83 A

CONTRIBUTORY (SECONDARY)

74 M

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

8 Did an operation precede death?..... DATE OF.....

Was there an autopsy?.....

WHAT TEST CONFIRMED DIAGNOSIS?
J. E. (Signed) Frank E. Rummelberger
1927 (Address) Coroner

*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 Pleasant Hill mo DATE OF BURIAL 6/1 1927

20. UNDERTAKER Rummelberger Bros. 12 Harrisonville ADDRESS

