

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

Do not use this space.

27164

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township How Primary Registration District No. 1002
City K.C. Mo. (No. 6027-2-11)

File No. 27164
Registered No. 27164
St. _____ Ward _____

2. FULL NAME

Herman Ludwig Bickel (M.D.)
(a) Residence. No. 6027 E 11th St., _____ Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 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 20-1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>48</u>	<u>6</u>	<u>15</u>	<u>15</u>	<u>2</u>

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Fernme Beage
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER M.J. Bickel

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

12. MAIDEN NAME OF MOTHER Mary Bierlan

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

14. INFORMANT M.J. Bickel
(Address) Texas Mo

15. FILED 9/6, 1927 M.M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1927, to Sept 5 1927, and that I last saw him alive on Sept 5, 1927, and that death occurred, on the date stated above, at 8:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Multiple malignant myeloma

5.3E (duration) 1 yrs. 1 mos. 17 ds.
107A. Bronchopneumonia
(SECONDARY)
(duration) _____ yrs. _____ mos. 4 ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Chemical and pathological
H. K. Moore, M.D.

(Signed) Sept 5, 1927 (Address) 1019 Lafayette Blvd, KCMO

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Woodman Ben

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Graves Mo DATE OF BURIAL Sept 7 1927

20. UNDERTAKER Rose & Co ADDRESS 15th Jackson

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.

A. B. Jones
argyle 1021



Commerce Trust Company

CAPITAL AND SURPLUS \$8,000,000.00

Kansas City, Missouri

GERALD PARKER
VICE-PRESIDENT

November 17, 1927.

Miss Christine M. Bickel,
6228 $\frac{1}{2}$ East 15th Street,
Kansas City, Missouri.

Dear Madam:

The Federal Reserve Bank have returned to us the \$12,250.00 Registered Fourth $4\frac{1}{4}\%$ Liberty Loan Bonds on account of the death certificate stating Herman Ludwig Bickel and the bonds being registered in the name of Herman L. Bickel.

5-27164

The ROSE & CO. Funeral Home

15th AND JACKSON

PHONE BENTON 0970

KANSAS CITY, MO.,

November 25 -

Bureau of vital statistics.

Jefferson City Mo.

Dear Sir-:

In order to settle estate it will be necessary to have
this certificate read Herman L. Bickel instead of Herman Ludwig
Bickel.

Yours Resp.

Rose & Co
J. A. (Morrison)

49168-5

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Towship.....
City Kansas City (No.....)

Registration District No. 399
Primary Registration District No. 1002

File No.....
Registered No. 3419
St. Ward)

2. FULL NAME

Herman L. Dickel

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED D (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... (duration)..... yrs. mos. ds.
(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)

PARENTS

10. NAME OF FATHER.....
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER.....
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14. INFORMANT (Address).....
15. FILED 9/6 1927 M. M. Lawrence REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1927

17. I HEREBY CERTIFY, That I attended deceased from..... to....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.
, 19 (Address)

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

THIS IS A PERMANENT RECORD

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-137 25, 64