

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

Do not use this space.

27089

**1. PLACE OF DEATH**

County Bartlesville

Registration District No. 89

Township Poplar Bluff

Primary Registration District No. 3007

City Poplar Bluff

File No. \_\_\_\_\_

Registered No. 132

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Henry Joseph Brickell  
Harvell mo.  
(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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

m

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

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

Yertude Brickell

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

Apr. 24, 1881

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

48

3

9

**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)**

Naylor

(STATE OR COUNTRY)

mo

**10. NAME OF FATHER**

W. T. Brickell

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

not known

(STATE OR COUNTRY)

Kentucky

**12. MAIDEN NAME OF MOTHER**

M. C. Harper

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Crane, Mo.

(STATE OR COUNTRY)

Tenn.

2  
**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 8-3-1929

**17. I HEREBY CERTIFY, That I attended deceased from** 8-1-1929, **to** 8-3-1929, **and that I last saw him** \_\_\_\_\_ **alive on** \_\_\_\_\_ **19** \_\_\_\_\_ **and that death occurred, on the date stated above, at** 2:30 A.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**  
Appendicitis  
151R  
109R  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.

**CONTRIBUTORY (SECONDARY)** Pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

**18. WHERE WAS DISEASE CONTRACTED**  
1110  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH?** yes **DATE OF** 8-1-29  
**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS**  
(Signed) Tom Henehan, M. D.  
8/6, 1929 (Address) Poplar Bluff mo

\*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**

U. G. Brickell

(Address) Poplar Bluff

**15. FILED**

8/6 29 Dr B J Clay

REGISTRAR

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

Woodlawn

**DATE OF BURIAL**

8-5 1929

**20. UNDERTAKER**

Frank Wood-co Poplar Bluff

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

12  
4  
6

20

