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

Do not use this space.

37042

1. PLACE OF DEATH
County Jackson
Township Black
City Fairfax Heights (No. 1822 Arlington St. Ward)
Registration District No. 398
Primary Registration District No. 5554
File No.
Registered No. 371

2. FULL NAME Henry Ficke
(a) Residence. No. 1822 Arlington 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 Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 7-1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	8	0	

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) Hanover
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Wm A. Ficke
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No record

14. INFORMANT Edward L. Ficke
(Address) 5700 Harrison

15. FILED 11-9, 1929 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 7 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 10-30-, 1929, to 11-7-, 1929 that I last saw him alive on 11-7-, 1929 and that death occurred, on the date stated above, at 10:58 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Myocarditis
Long time (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) P M Perkins, M. D.
11-9, 1929 (Address) 5647 Paseo Kansas City 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Washington
DATE OF BURIAL 11-9-1929

20. UNDERTAKER Mrs. C. L. Forster
ADDRESS K. C. Mo.

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.

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