

JUN 24 1930

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

Do not use this space.
15424

1. PLACE OF DEATH
County Buchanan Registration District No. 86
Township North Primary Registration District No. 5127
City St. Joseph, Mo. (No. Armaur and Company) St. Ward
2. FULL NAME Allement Ray Rickman
(a) Residence No. 2826 Mary St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>August 25 1895</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>34</u>	<u>8</u>	<u>13</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Clerk</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Armaur and Company</u> (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>St. Clair County</u> (STATE OR COUNTRY) <u>Missouri</u>				
PARENTS	10. NAME OF FATHER <u>James Markys</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Clair County</u> (STATE OR COUNTRY) <u>Missouri</u>			
	12. MAIDEN NAME OF MOTHER <u>Ellen Walton</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Kentucky</u>				
14. INFORMANT <u>Walter Rickman</u> (Address) <u>Marysville, Mo.</u>				
15. <u>May 9 1930</u> <u>J. J. Rauschak</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>May 8, 1930</u>
17. I HEREBY CERTIFY That I attended deceased from <u> </u> 19 <u> </u> to <u> </u> 19 <u> </u> that I last saw h. <u> </u> alive on <u> </u> 19 <u> </u> and that death occurred, on the date stated above, at <u> </u> <u>3:30 P.</u> m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Injuries received in explosion of dynamite at Armaur Co. Cause of gas unknown</u> (duration) yrs. mos. ds. CONTRIBUTORY <u>194B</u> (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED <u> </u> IF NOT AT PLACE OF DEATH <u> </u> DID AN OPERATION PRECEDE DEATH? <u>no</u> DATE OF <u> </u> WAS THERE AN AUTOPSY? <u>no</u> WHAT TEST CONFIRMED DIAGNOSIS? (Signed) <u>W. D. Dudgek Cooper M. D.</u> <u>5/9 1930</u> (Address) <u>St. Joseph, Mo.</u>
*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 <u>Memorial Park</u> DATE OF BURIAL <u>May 10 1930</u> 20. UNDERTAKER <u>Sheeman Funeral Home</u> ADDRESS <u>1946 Coalhou</u>

WRITE PLAINLY, WITH UNFADING INK---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.

