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

Do not use this space.

22939

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2931
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K.C.Mo (No. Vineyard Park Hospital St. ..... Ward)

2. FULL NAME George Brick
(a) Residence. No. Newton Hotel St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
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) Unknown

7. AGE: 39 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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) Unknown

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

14. INFORMANT Mr. F Schiick
(Address) Seneca, So. Dakota

15. FILED 7/16, 1930 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Je 1, 1930, to Je 15, 1930, that I last saw him alive on Je 15, 1930, and that death occurred, on the date stated above, at 10 30/P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic osteomyelitis of femur & ilium
154
22D
36
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF 7-2-30
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J E Sheldon, M. D.
Je 16, 1930 (Address) Box Cemetery

*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: Seneca, South Dakota — DATE OF BURIAL: July 16 1930

20. UNDERTAKER: A. P. Doehler — ADDRESS: 1415 E 15

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.

604 Commerce Bldg
N. W. cor. 10th & Walnut