

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.

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

Do not use this space.

16756

1. PLACE OF DEATH

County Saline
Township Salt Pond
City..... (No.....)

Registration District No. 800
Primary Registration District No. basey

File No.....
Registered No. 171
St..... Ward.....

2. FULL NAME

Brooksey May Schick
(a) Residence, No..... St..... Ward.....
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martin Schick</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-18-1892</u>				
7. AGE	YEARS <u>37</u>	MONTHS <u>7</u>	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>150A</u>			
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... <u>2:1-1892/49 W</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mayne Co. Illinois</u>				
MOTHER	13. NAME <u>John Webster</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
	15. MAIDEN NAME <u>Emma Fitch</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT (ADDRESS) <u>Martin Schick Emma Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns Cemetery</u> DATE <u>Apr-11-1931</u>				
19. UNDERTAKER (ADDRESS) <u>A. J. Sweeney Concordia, Mo.</u>				
20. FILED <u>410-</u> 1931 <u>J. H. Owens Mo.</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-9-1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1931, to Apr. 9, 1931.
I last saw her alive on Apr 9, 1931. Death is said to have occurred on the date stated above, at 12:50 A.M.
The principal cause of death and related causes of importance were as follows:
Acute Gastritis
Date of onset Apr. 5

Other contributory causes of importance:
Following child birth Apr. 4

Name of operation none Date of.....
What test confirmed diagnosis Chin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. J. Freund, M. D.
(Address) Emma Mo.

APR 27 1931

JAN 5 1953