

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

Do not use this space.

34476

**1. PLACE OF DEATH**

County Jackson Registration District No. 3  
 Township Jay Primary Registration District No. 1  
 City Jackson City (No. 6217 Indiana Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4195

**2. FULL NAME**

Ms. Mary Edna Rickerill  
 (a) Residence. No. 6217 Indiana Ave. Ward. 16  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George F. Rickerill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 1 14

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. at home  
 (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) Massouri

10. NAME OF FATHER James E. Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Mary E. Hoodin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Geo. F. Rickerill

(Address) 6217 Indiana Ave.

15. FILED 10/15/31 M. M. Leroux REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15th 1931

17. I HEREBY CERTIFY, That I attended deceased from 6 am to 6:45 am Oct 15th, 1931 to 6:45 am Oct 15, 1931 that I last saw her alive on Oct 15th, 1931, and that death occurred, on the date stated above, at 6:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina pectoris  
 (duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis

Asthma (duration) long yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTO SY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual clinical  
 (Signed) Alfred E. Linnville, M.D.

Oct. 15, 1931 (Address) 612 Chambers Bldg. 1st fl. S.W.

\*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 Windsor, Mo. DATE OF BURIAL 10-16-31

20. UNBERTAKER Greenman Mortuary ADDRESS K.C. Mo.

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.

