

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

Do not use this space.

39769

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1008
 City St. Louis (No. 1216 Armour) St. _____ (Ward) _____

2. FULL NAME Balfurn Virginia Rickett
 (a) Residence, No. 1216 Armour St. 13 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 <u>Fe</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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 9, 1915</u>		
7. AGE	YEARS	MONTHS
	<u>17</u>	<u>0</u>
		DAYS
		<u>5</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>School girl</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u> <u>1</u>		
FATHER	13. NAME <u>J. D. Rickett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>	
MOTHER	15. MAIDEN NAME <u>Annette Cashman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
17. INFORMANT (ADDRESS) <u>J. D. Rickett</u> <u>St. Joseph mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
	PLACE <u>Clinton</u>	DATE <u>12-16, 32</u> <u>19</u>
19. UNDERTAKER (ADDRESS) <u>Mrs. C. F. Fowler</u> <u>718 Franklin, Ark</u>		
20. FILED <u>12-15 1932</u> <u>M. M. Crowe</u> <u>Co. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 14 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 14, 1932
 I last saw him alive on Dec 14, 1932 Death is said to have occurred on the date stated above, at 8 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Lobar
108 108
 Other contributory causes of importance: (3)

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) Wm. K. Kupper D.O.
 (Address) 426 Exchange Bldg.

MARGIN RESERVED FOR BINDING

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.

