

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

Do not use this space.

4590

1. PLACE OF DEATH

County ADAIR Registration District No. 4
 Township..... Primary Registration District No. 3001
 City KIRKSVILLE MO (No., St. Ward)

File No.
 Registered No. 41

2. FULL NAME SAMUEL MARRION BARRICKMAN

(a) Residence, No. 1609 EAST NORMAL ST St., 4 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF LENA BARRICKMAN (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 30th 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>57</u>	<u>5</u>	<u>22</u>		

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PAPER GLOBE DEMOCRAT
 10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) WEST VA (STATE OR COUNTRY)

FATHER 13. NAME XXXB J J BARRICKMAN

14. BIRTHPLACE (CITY OR TOWN) WVA (STATE OR COUNTRY) BARTON

MOTHER 15. MAIDEN NAME ELIZABETH MCCORD

16. BIRTHPLACE (CITY OR TOWN) WVA (STATE OR COUNTRY)

17. INFORMANT LENA BARRICKMAN (ADDRESS) KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE SCYMOUR IOWA DATE Jul 1933

19. UNDERTAKER DAVIS & WILSON (ADDRESS) KIRKSVILLE MO

20. FILED Jul 24 19.33 Mrs C H Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23-1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933 to 23, 1933
 I last saw him alive on July 23, 1933 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

Humor change of brain
~~arterio sclerosis~~
arterio sclerosis
 Other contributory causes of importance: 82A 97

Date of onset

Name of operation None Date of
 What test confirmed diagnosis? Lab 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) W R Callum M. D.
 (Address) Kirkville Mo

WRITE CLEARLY 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.

RR 24 1933

