

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.

CV 10 1933

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

Do not use this space.

33631

1. PLACE OF DEATH  
 59 County Livingston Registration District No. 508  
 Township \_\_\_\_\_ Primary Registration District No. 3026  
 1 City Chillicothe (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 7 2. FULL NAME Harry Franklin Ricket  
 (a) Residence, No. 5 Elm St. 3 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. J. Rickett  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13 - 1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 0 0  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Merchant  
 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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1933 to Oct 13, 1933  
 I last saw him alive on Sept 20, 1933 Death is said to have occurred on the date stated above, at 1.33 m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia  
 Other contributory causes of importance: Diphtheria  
 Date of onset Sept 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 MOTHER FATHER 13. NAME Frank Rickett  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 15. MAIDEN NAME Susan Zibner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT Mrs C J Rickett  
 (ADDRESS) Chillicothe Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 10-14 1933  
 19. UNDERTAKER F. B. Norman  
 (ADDRESS) Chillicothe Mo  
 20. FILED 10/14 1933 Ronald M. Powell  
 Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Simpson M. D.  
 (Address) Chillicothe, Mo

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May 2

RECEIVED  
MAY 2 1959