

MAR 24 1934

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

Do not use this space.

7638

1. PLACE OF DEATH

County Wright
Township Wright
City Mountain Grove (No. St. Ward)

Registration District No. 908
Primary Registration District No. 6223

File No.
Registered No. 11

2. FULL NAME

Robert Curtis Bickell

(a) Residence, No. St. 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>Male</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>Ernest Bickell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-29-1880</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>8</u>	DAYS <u>2</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) Hanson

13. NAME William P. Bickell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Rhodema Hinshaw

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

17. INFORMANT Ernest Bickell
(ADDRESS) Mountain Grove

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery DATE 3-1-34

19. UNDERTAKER Benice Matzney
(ADDRESS)

20. FILED 3-8-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24th ** 1934, to Feb. 26th ** 1934

I last saw him alive on Feb. 26th ** 1934 Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Lobar Pneumonia 2/24/34 Date of onset

Other contributory causes of importance:

Myocardial degeneration

Right sided pleurisy

Name of operation X X X X Date of

What test confirmed diagnosis X X X Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. FRAME, M. D.

(Address) MOUNTAIN GROVE, MO.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

REPORT OF THE COMMITTEE ON THE
PROGRESS OF CHEMISTRY

FOR THE YEAR 1954

CHICAGO, ILLINOIS, 1955

1955