

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

Do not use this space.

8187

1. PLACE OF DEATH

County Cass
Township Camp Branch
City _____ (No. _____) _____ (St. _____) _____ (Ward _____)

Registration District No. 152
Primary Registration District No. 5216

File No. _____
Registered No. 6

2. FULL NAME

(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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Bricker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Feb 26 1934 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co, Iowa

13. NAME Wm Bricker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon, Ohio

15. MAIDEN NAME Anna M. Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Ohio

17. INFORMANT (ADDRESS) Cliff Bricker

18. BURIAL, CREMATION OR REMOVAL PLACE Clearfork Cem. DATE 3/10 1934

19. UNDERTAKER (ADDRESS) A. A. Hartzler, East Lynde, Mo.

20. FILED 3/10 1934 A. A. Hartzler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1934 to March 9, 1934
I last saw him alive on March 9, 1934 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:
Organic Heart disease Date of onset 95

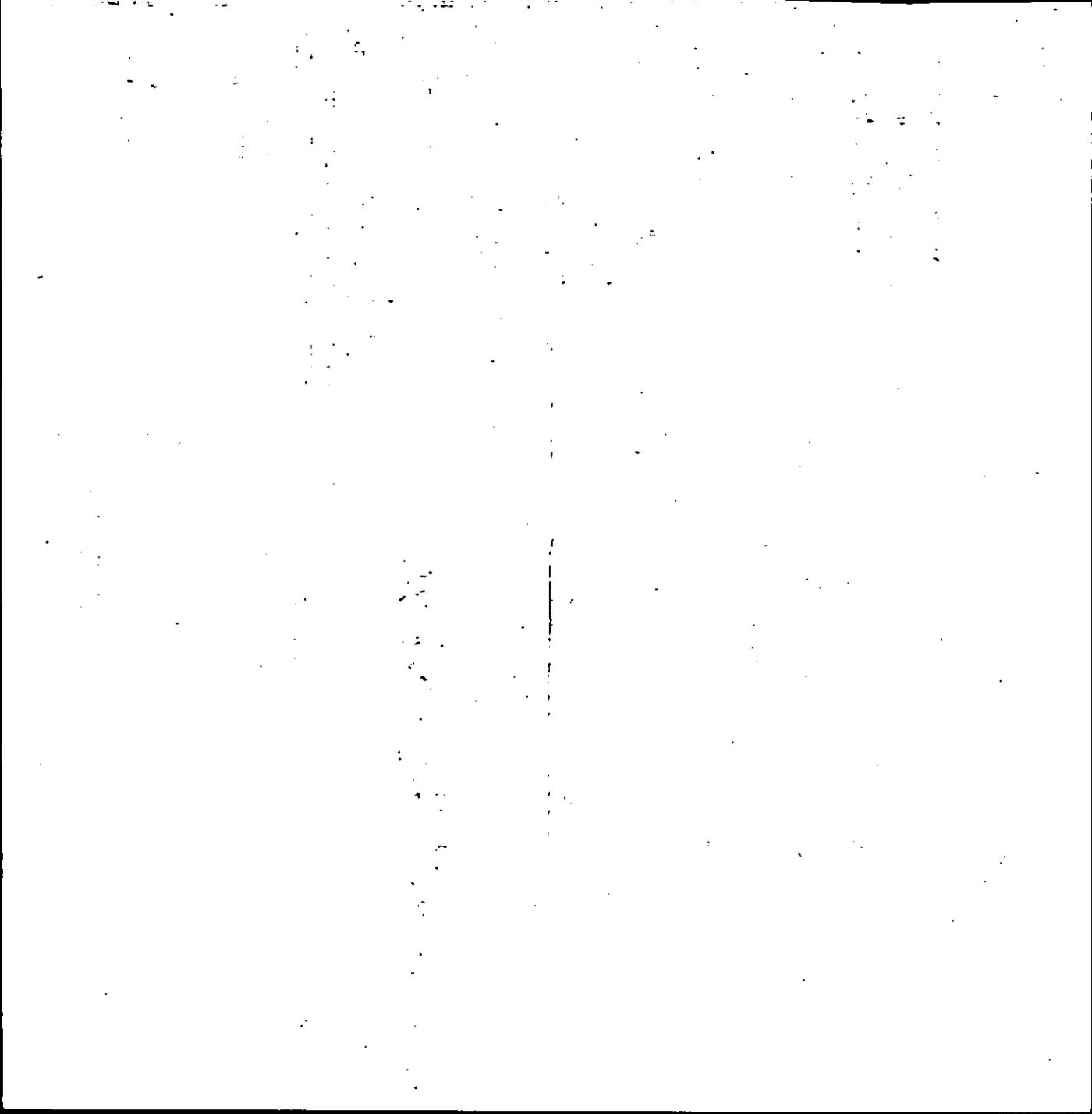
Other contributory causes of importance: 95 1/2

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?
If so, specify _____
(Signed) H. A. Scott M. D.
(Address) Harrisonville, Mo.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cass Registration District No. 152 File No. 6
 Township Camp Branch Primary Registration District No. 5216 Registered No. 6
 City (No. St. Ward)

2. FULL NAME

Harry Elsworth Brecker

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Jasper Co Ind

FATHER 13. NAME John Brecker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Ohio

MOTHER 15. MAIDEN NAME Anna M. Gaddy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Ohio

17. INFORMANT (ADDRESS) Cliff Brecker East Rome Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearfork Cem DATE 3/10 1934

19. UNDERTAKER (ADDRESS) A. D. Harzled East Rome Mo

20. FILED 5-1-34 19 A. D. Harzled Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 , to , 19 .
 I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
 Date of onset

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?
 If so, specify

(Signed) , M. D.

(Address)

SUPPLEMENTARY

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