

MAY 25 1936

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

Do not use this space.

13157

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo.(No. 53rd &, Brooklyn.)File No. 1300
Registered No. 1300
St. _____ Ward _____2. FULL NAME John B. Bickers, Jr.(a) Residence, No. 3856 East 61st St., 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>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>23</u>	<u>9</u>	<u>19</u>	

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

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) Kansas City, Mo.13. NAME John B. Bickers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Florence C. Tickenmeyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Dr. J. B. Bickers,
(ADDRESS) 3856 East 61st St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Apr. 30 193619. UNDERTAKER R. V. Lindsey & Sons, Inc.
(ADDRESS) 3811 Broadway,20. FILED 4-30 1936 mmmmmm
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-3622. I, Spencer C. Crum, a duly licensed physician, attended deceased from _____ to _____, 19____.

I last saw him _____ on _____, 19____. Death is said

to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows: Motorcycle accident Date of onset _____Fractured of the skullOther contributory causes of importance: NoneName of operation Autopsy Date of _____

What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to a crime (steal, etc.), fill in also the name of the crime, _____

Accident, suicide, or homicide _____ Date of injury _____

Where did injury occur _____
(Give city, town, county, and State)

Specify whether injury occurred in business, home, or in public place.

Manner of injury Blow of motorcycleNature of injury Fractured of skull

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

If so, specify _____

(Signed) [Signature](Address) [Address]

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.

