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

Do not use this space.

File No. 19600
Registered No. 738

1. PLACE OF DEATH
County Buchanan
Registration District No.
Township
Primary Registration District No. State Hosp #2
City St. Joseph (No. , St. Ward)

2. FULL NAME Agnes W. Rickart
(a) Residence, No. St. Joseph Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	1	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Unknown Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Hosp. Records
(ADDRESS) State Hosp #2 St Joseph

18. BURIAL, CREMATION, OR REMOVAL
PLACE Asylum Cem. DATE 6-28 1934

19. UNDERTAKER Blamey Funeral Home
(ADDRESS) St Joe

20. FILED 6-28 1934 John R. Gundy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to June 27, 1934
I last saw h. alive on June 26, 1934. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Gal	
93C	
99	

Other contributory causes of importance:
Chronic Myocarditis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) Geo W Barman M. D.
(Address) State Hosp #2 St Joe 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.