

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.

SEP 13 1934

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

Do not use this space.

30416

1. PLACE OF DEATH

County Platte  
Township  
City Platte City, Mo. (No. 11)

Registration District No. 696  
Primary Registration District No. 5924

File No. \_\_\_\_\_  
Registered No. 29  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Max R. Bricker  
(a) Residence, No. 1209 E 21st Ward. \_\_\_\_\_  
(Usual place of abode) 10 Kansas City, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 3 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N. S. Gypsum Co.  
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) Aut - Aug 18 1934  
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER 13. NAME B. F. Bricker

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

MOTHER 15. MAIDEN NAME Anna M. Weber

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

17. INFORMANT (ADDRESS) B. F. Bricker  
1209 E 21st, No. Ke. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quora, Ill DATE Aug. 22, 1934

19. UNDERTAKER (ADDRESS) Morton Funeral Home  
10, Kansas City, Mo.

20. FILED Aug 25 1934 Thos F. Truway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from Ill, 1934, to Texas, 1934.

I last saw him alive on Texas, 1934. Death is said to have occurred on the date stated above, at 12:45 P. M.

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

Drowning (accidental) Date of onset 8/17/34

183

183

Other contributory causes of importance: 167

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8-19-34

Where did injury occur? Platte County, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. a Private Gate, in Rural Section

Manner of injury He fell down in attempt to cross

Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. P. Surland (Address) Dearborn, Mo. Caron Platte County

22nd.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Platte  
Township.....  
City..... (No.....) Ward.....

Registration District No. 696  
Primary Registration District No. 5924

File No. 30416  
Registered No. 29  
St. .... Ward.....

**2. FULL NAME**

Max R. Becker

(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) s

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day	If LESS than 1 min.
	<u>27</u>	<u>3</u>	<u>21</u>		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) ..... Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER / FATHER

13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED

Aug 25 1934 Mrs. Francis C. Murray  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1934

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:

acc. Drowning  
Date of onset

Other contributory causes of importance:

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.

was swimming and attempted

Manner of injury to rescue another

Nature of injury swimmer

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

If so, specify..... (Signed)....., M. D.

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

JAN 3 1 1935

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