

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.

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

Do not use this space.

DEC 15 1934

## 1. PLACE OF DEATH

County Henry  
Township Teabo  
City Leeton, Mo. (No. ....)

Registration District No. 349  
Primary Registration District No. 5487

File No. 39217  
Registered No. 23-  
St. .... Ward.

2. FULL NAME Frances Bricken

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.W.S. Bricken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5  
10. Date deceased last worked at this occupation (month and year) 5  
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT J.W.S. Bricken (ADDRESS) Leeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mineral Creek DATE 11-24-34  
R.A. Brauninger

19. UNDERTAKER (ADDRESS) Leeton, Mo.20. FILED 11-24-34 Mrs. A. A. Gray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22-1934<sup>19</sup>22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1934, to Nov. 24, 1934.I last saw h. or alive on Nov. 9, 1934. Death is saidto have occurred on the date stated above, at 1:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Myelo-Sarcoma of Spinal Column  
and ribs of left chest  
(Giant cells.) 5  
Leukemia

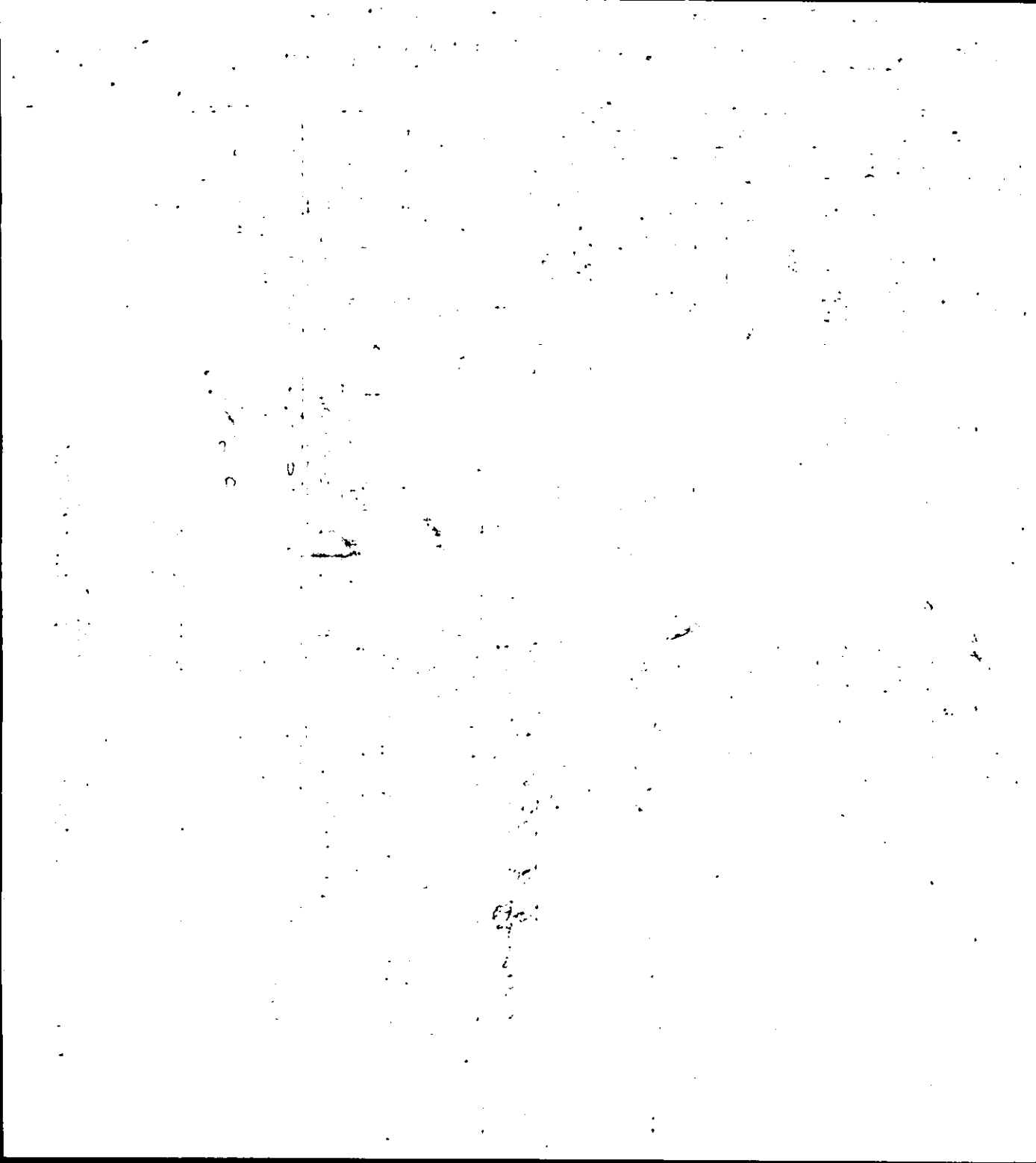
Other contributory causes of importance:  
Chronic Pancreatic  
Nephritis Leukemia

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? .... Date of injury 11, 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) E. B. Gray, M. D.  
(Address) Leeton, 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.

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

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 Henry  
Township           
City         

Registration District No. 349  
Primary Registration District No. 5487

File No.           
Registered No. 25  
St.          Ward         

2. FULL NAME

Frances Bricken

(a) Residence, No.          St.          Ward.           
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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, hrs. or min.  
69 7 24

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)          11. Total time (years) spent in this occupation         

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

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 2-7, 19 30 Mrs. A. D. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 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: myel. carcinoma of spinal column and ribs of left chest Date of onset         

Do not know primary seat  
Other contributory causes of importance:         

Name of operation Chronic myel. 53 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)

S-39217

JAN 30 1935