

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

Do not use this space.

39688

JAN 7 8 1935

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kearney Registration District No. 1002
 City Kearney (No. 1816 Tracy, ave.) St. Ward

2. FULL NAME James Ricks
 (a) Residence, 1816 Tracy, ave. 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 male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (or the last word)
married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer

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) Dont Ricks

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Indiana Ricks
 (ADDRESS) 1816 Tracy, ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Dec 25 1934

19. UNDERTAKER Thos. Appleton Jones
 (ADDRESS) 10. S. M. ave.

20. FILED Dec. 4 1934 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 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 8:0 p.m.
 The principal cause of death and related causes of importance were as follows:
Brainy sclerosis
Chronic hypertension
 Other contributory causes of importance:
94/13
94/13

Name of operation _____ 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 _____ 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) _____

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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