

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

Do not use this space.

20408

1. PLACE OF DEATH

County Miller Registration District No. 561 File No. _____
 Township Saline Primary Registration District No. 5755-A Registered No. 53
 City Earling (No. _____) St. _____ Ward _____

2. FULL NAME

R. L. Bickert - Robert Leo Bickert.
 (a) Residence, No. Hartwell, Nebraska 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1878</u>				
7. AGE	YEARS <u>57</u>	MONTHS	DAYS <u>23</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> Priest</u>			
	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) <u>Edmwood Nebraska</u>				
FATHER	13. NAME <u>Ambrose Bickert</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Wm Brown</u> (ADDRESS) <u>Exeter, Nebraska</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Exeter, Neb</u> DATE <u>June 29, 1935</u>				
19. UNDERTAKER <u>P. R. Fargner</u> (ADDRESS) <u>Exeter, Neb</u>				
20. FILED <u>June 29, 1935</u> <u>Belle Haynes</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1935

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 P.M.

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

Skull fracture
June 28, 1935
 Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy Post

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury June 28, 1935

Where did injury occur? Highway 54 - 3 miles N.E. of Exeter, Mo.
 (Specify city or town, county, and State)

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

On Highway 54 - 3 miles N.E. of Exeter, Mo.
 Manner of injury Auto wreck
 Nature of injury Accidental

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

If so, specify

(Signed) John R. Ells M. D.
 (Address) Edou 2nd

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ALL INFORMATION CALLED
FOR MUST ~~be~~ ^{Do not use this space.} ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Miller
Township.....
City Saline (No.)

Registration District No. 5-61
Primary Registration District No. 5735A

File No.
Registered No. 5-3
St. Ward)

2. FULL NAME

(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)

R. L. Bickert

PERSONAL AND STATISTICAL PARTICULARS

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

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.
57 - 23

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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED June 29, 1935 Belle Haynes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h. 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:
Skull fracture
Occupant of Car driven by himself in an accident on Road. No collision
Other contributory causes of importance: at all just over-taken several times

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.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) John P. Ellison M.D.
(Address) Eldon Mo

20408

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