

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.

JUN 25 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21977

1. PLACE OF DEATH

County MonroeRegistration District No. 904Township SherridanPrimary Registration District No. 45-46City Sherridan

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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)

married

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

Eda Rickabaugh

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

Dec 13, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

69523

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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

1915

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

Sherridan Mo.

13. NAME

David Rickabaugh

FATHER

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

Ohio

MOTHER

15. MAIDEN NAME

Nancy Davis

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

Ohio

17. INFORMANT (ADDRESS)

Eda Rickabaugh

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sherridan Mo. DATE June 18, 1935

19. UNDERTAKER (ADDRESS)

John C. Turner

20. FILED

28 June 1935 Mrs. H. H. Bond

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 15, 1932, to June 5th, 1936Last saw him alive on June 6th, 1936. Death is saidto have occurred on the date stated above, at 9:00 P. m.

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

Date of onset

angina pectorisGeneral Break-down

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis inspection 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? no

If so, specify _____

(Signed) Mc Lins, M. D.(Address) Sherridan Mo

