

1935 OCT 28

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

Do not use this space.

27385

1. PLACE OF DEATH

County Ripley
Township Warren
City L (No.)

Registration District No. 751
Primary Registration District No. 5992

File No. 36
Registered No. 1288
St. Ward

2. FULL NAME

David Bickford

(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 male 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 Sarah Bickford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7-1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 1

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

12. BIRTHPLACE (CITY OR TOWN) Malletta
(STATE OR COUNTRY) Henry Co. Ohio

13. NAME Hapton W. Bickford
14. BIRTHPLACE (CITY OR TOWN) Malletta
(STATE OR COUNTRY) Henry Co. Ohio

15. MAIDEN NAME Elmina Osier
16. BIRTHPLACE (CITY OR TOWN) Sanduski
(STATE OR COUNTRY) Ohio

17. INFORMANT Burrel Bickford
(ADDRESS) May 1st 1935

18. BURIAL, CREMATION OR REMOVAL Antioch
PLACE By Mo. DATE Aug. 8, 1935

19. UNDERTAKER Local people for 74 Atwood
(ADDRESS) St. Louis

20. FILED 7-0 19 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from morning, 1935, to evening, 1935

I last saw him alive on Aug 1, 1935 Death is said to have occurred on the date stated above, at 2.0 p. m.

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

pulmonary tuberculosis Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 1935

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) St. Louis, M. D.

(Address) Waverly Mo

