

OCT 24 1935

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

Do not use this space.

29870

1. PLACE OF DEATH

County... JASPER
Township.....
City..... JOPLIN

Registration District No. 411
Primary Registration District No. 2002
(No. FREEMAN HOSPITAL..... St. Ward)

File No.....
Registered No.....
St. Ward)

2. FULL NAME

CLARENCE EVERETT BRICKEY.

(a) Residence, No. St. Ward.
(Usual place of abode) 2929 JOPLIN ST.

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 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 NETTIE BRICKEY.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 26, 1899.		
7. AGE 36	YEARS 6	MONTHS 20
		DAYS 20
		If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) **NEWTON CO., MO.:**
(STATE OR COUNTRY)

13. NAME **OSCAR W. BRICKEY**

14. BIRTHPLACE (CITY OR TOWN) **NEWTON CO., MO.:**
(STATE OR COUNTRY)

15. MAIDEN NAME **LIZZIE SMITH**

16. BIRTHPLACE (CITY OR TOWN) **NEWTON CO., MO.:**
(STATE OR COUNTRY)

17. INFORMANT **NETTIE BRICKEY.**
(ADDRESS) **JOPLIN MO.**

18. BURIAL, CREMATION, OR REMOVAL ~~.....~~ **SEPT 17, 1935**
PLACE **FOREST PARK** DATE

19. UNDERTAKER **HURLBUT UND. CO.:**
(ADDRESS)

20. FILED **9-16 1935** **JOPLIN MO.:**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-15**, 19**35**

22. I HEREBY CERTIFY That I attended deceased from **8-30**, 19**35** to **9-14**, 19**35**

I last saw him alive on **9-14 1935**. Death is said to have occurred on the date stated above, at **6 a. m.**

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

Streptococci Infection
Blood Stream -
11501

Other contributory causes of importance:

Ulcers Angina,
Throat.

Name of operation..... 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?..... 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) **Ed D. James** M. D.
(Address) **Joplin, 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.

