

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

NOV 26 1935

Do not use this space.

33485

1. PLACE OF DEATH
 County Newton Registration District No. 609
 Township Neosho Primary Registration District No. 5208
 City (No. _____) St. _____ Ward _____

2. FULL NAME Millard Brickey
 (a) Residence, No. Neosho Mo R#4 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 244
 Registered No. _____

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) Eva Brickey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1882

7. AGE YEARS 53 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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 _____

12. BIRTHPLACE (CITY OR TOWN) Newton County Missouri
 (STATE OR COUNTRY)

FATHER

13. NAME Lafayette Brickey

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

MOTHER

15. MAIDEN NAME Elizabeth Dennis

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

17. INFORMANT Eva Brickey
 (ADDRESS) Neosho Mo R#4

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Salem DATE 10-26, 1935

19. UNDERTAKER Daily Thompson
 (ADDRESS) Neosho Mo.

20. FILED 11-9, 1935 Orval A. Sale, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1935, to Oct 24, 1935
 I last saw him alive on Oct 24, 1935. Death is said to have occurred on the date stated above, at 10:40 a.m.

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

Apoplexy
82 a 1

Other contributory causes of importance:

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 _____, 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? _____
 If so, specify _____

(Signed) D. A. Ellis, M. D.
 (Address) Neosho Mo.

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

MARGIN RESERVED FOR BINDING

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.

