

APR 23 1936

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

Do not use this space.

11939

1. PLACE OF DEATH

 County Pike
 Township Calumet
 City Clarksville, Mo. (No. _____)

 Registration District No. 685
 Primary Registration District No. 6409-13

 File No. 27
 Registered No. 8
 St. _____ Ward _____

2. FULL NAME

Albert M. Barickman
 (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)

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 Mary Barickman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 1869
 7. AGE YEARS 67 MONTHS 1 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

 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) March - 1936 11. Total time (years) spent in this occupation _____

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

 13. NAME Daniel Barickman

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

 15. MAIDEN NAME Emma Schwarzhaupt

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

 17. INFORMANT Mrs. Mary Barickman (ADDRESS) Clarksville, Missouri

18. BURIAL, CREMATION, OR REMOVAL

 PLACE Ellisburg DATE March 13, 1936

 19. UNDERTAKER St. Brown & Son (ADDRESS) Clarksville, Mo.

 20. FILED Apr 1, 1936 H. H. Treachery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1936, to Mar 11, 1936

 I last saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Accident Date of onset _____

Fell from hay loft and fractured neck

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

 Accident, suicide, or homicide? Accident Date of injury Mar 11, 1936
Where did injury occur? his home Clarksville Mo.

(Specify city or town, county, and State)

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

Manner of injury falling from hay loftNature of injury fractured neck24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. M. Barickman, M. D.(Address) Clarksville 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.

