

APR 21 1936

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

Do not use this space.

16116

1. PLACE OF DEATH

County *Montgomery*
Township *Bear Creek*
City *(No)*

Registration District No. *5-89*
Primary Registration District No. *5-7873*

File No.
Registered No. *8*
St. Ward)

2. FULL NAME

Charles Fricker

(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 *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 *Albertine Fricker*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 10 1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 7 23

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) (STATE OR COUNTRY) *Highland Ill.*

13. NAME *Abraham Fricker*

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

15. MAIDEN NAME *Elizabeth Lense*

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

17. INFORMANT (ADDRESS) *Charles Fricker Jr. Cambridge Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Janesburg* DATE *March 5 1936*

19. UNDERTAKER (ADDRESS) *C. M. Shrummer Janesburg Mo*

20. FILED *Apr 8 1936* *E. R. Ball* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 3, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *April 1, 1936 to April 3, 1936*

I last saw him alive on *April 2, 1936* Death is said to have occurred on the date stated above, at.....m.

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

Broncho pneumonia, right lower lobe. *4/28*
Valvular heart disease, mitral insufficiency. *5 yrs.*
Bronchitis, chronic. *2 yrs.*

Other contributory causes of importance:

92A

Name of operation..... Date of.....
What test confirmed diagnosis? *Phys. Exam* 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? *No*

If so, specify *Bull Menefee*, M. D.
(Signed) *Bull Menefee*, M. D.
(Address) *Montgomery City, Missouri*

Please return
At once