

OCT 2 1936

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

Do not use this space.

33334

1. PLACE OF DEATH
County, Scotland Registration District No. 809
Township, Hemison Primary Registration District No. 6054
City..... (No....., St..... Ward.....)

2. FULL NAME Henry Rickeberg
(a) Residence, No. Gorin, Mo. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Alice Rickeberg (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 23

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) (STATE OR COUNTRY) Lee Co. Ia.

FATHER 13. NAME Henry Rickeberg

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

MOTHER 15. MAIDEN NAME Mary Hoyer

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

17. INFORMANT Desk Rickeberg (ADDRESS) Gorin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gorin DATE Aug 19 1936

19. UNDERTAKER Gearty Barker (ADDRESS) Gorin, Mo.

20. FILED 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1929, to Aug 18 1936
I last saw him alive on Aug 10 1936 Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:
Apoplexy -
high blood pressure
Other contributory causes of importance:
do not know

Date of onset Aug 8 1936

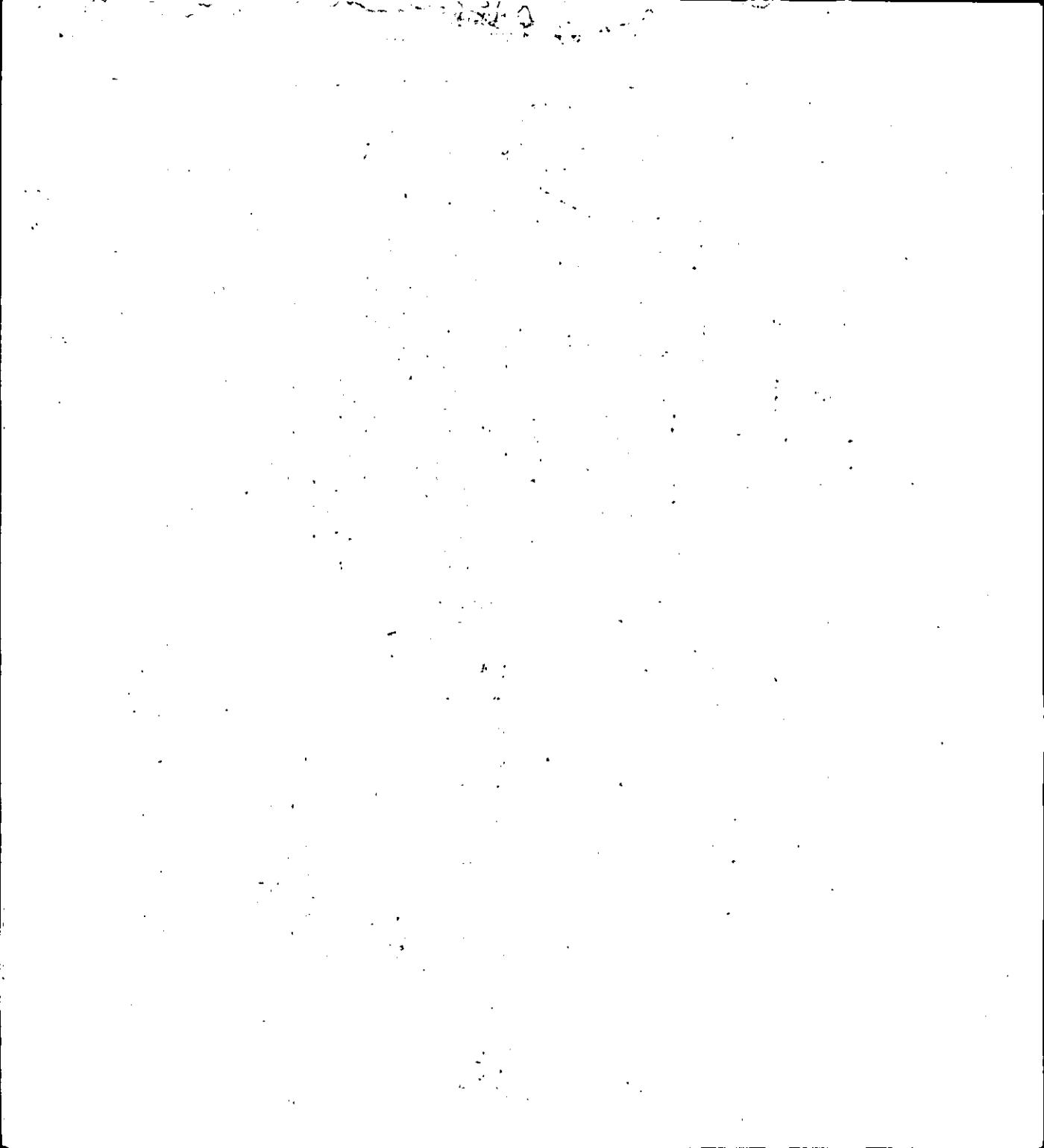
Name of operation none Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Don Penn M. D.
(Address) Gorin 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.



S-33334