AUG 20 1937

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

Do not use this space.

26925

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Cass

Township ~~Austin~~ Camp Branch

City Garden City, Mo. (No. ....., ... St. ..... Ward)

Registration District No. 152

Primary Registration District No. 5216

19

2. FULL NAME Claude Allen Bricken

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Reid Ishem

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	2	20	

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Mackville, Kentucky

2

FATHER

13. NAME Alexander Bricken

2

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

2

MOTHER

15. MAIDEN NAME Mary Elizabeth Barker

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

17. INFORMANT (ADDRESS) Mary T. Bricken Garden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden City, Mo DATE July 23 1937

19. UNDERTAKER (ADDRESS) J.M. Kauffman Garden City, Missouri

20. FILED 7-22 1937 Mrs. Effie Stonestreet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1937

22. I HEREBY CERTIFY, that I attended deceased from July 16, 1937, to July 21, 1937

I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 10 p.m.

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

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance: 46

Name of operation none Date of .....

What test confirmed diagnosis? Yes Was there an autopsy? R

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? ..... (Specify city or town, county, and State)

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

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) F. B. Ellis, M. D.

(Address) Garden City

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.