

AUG 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Cass

Registration District No.

156

File No.

26932

Township

Peculiar Township

Primary Registration District No.

5220

Registered No.

St.

Ward)

2. FULL NAME

Eugene Albert Bicker

(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

68 yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

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 Bicker		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16-1853		
7. AGE	YEARS	MONTHS
	84	1
		DAYS
		19
		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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
	13. NAME Jeremiah Bicker
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
	15. MAIDEN NAME Susanna Augenbaugh
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
17. INFORMANT (ADDRESS) Will Bicker, Pleasant Hill, Mo.	
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill, Mo.	DATE 7/5/37
19. UNDERTAKER (ADDRESS) Kunzburger, Harrisonville, Mo.	
20. FILED 7/6/37	1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/30, 1937, to 7/5/1937. I last saw him alive on 6/30, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

arterio-sclerosis
myocarditis

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....., 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.....

(Signed)

(Address)

L. J. Murray, M. D.
Pleasant Hill, Mo.

Dr Murray

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.

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