

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.

Max Longenecker

NOV 18 1937

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

Do not use this space.

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1. PLACE OF DEATH

County Jasper
Township Poplar
City Poplar

Registration District No. 411
Primary Registration District No. 2002
No. 2317

File No. 37924

Registered No. 1 of 2

2. FULL NAME

Luther Rickman

(a) Residence, No. 2317 Poplar St., Ward.

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 w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1895

7. AGE YEARS 42 MONTHS 8 DAYS 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

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) Jasper Co Mo

13. NAME Louis Rickman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

15. MAIDEN NAME Rose Provencence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT Lillie Rickman

18. BURIAL (GEMINATION OR REMOVAL) PLACE (ADDRESS) Mt Zion DATE 10/17/37

19. UNDERTAKER (ADDRESS) J. J. Jones

20. FILED 10-21-37 Ed J. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1937 to Oct 15 1937

First saw him alive on Oct 15 1937. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Chronic nephritis

Other contributory causes of importance: myocarditis

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

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?

If so, specify

(Signed) Harry D. Max Longenecker

(Address) Poplar, Mo

OCCUPATION
FATHER
MOTHER

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