

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

Do not use this space.

DEC 20 1937

1. PLACE OF DEATH

County Jackson Registration District No. 322
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo (No. 2928 Prospect) (Name Home)

File No. 40371
Registered No. 1003
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2928 Prospect St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 45 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 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 Mattie Rickinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1855

7. AGE YEARS 82 MONTHS 3 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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) N. Y.

13. NAME H. Rickinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M. N.

15. MAIDEN NAME M. Bantwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT John R. Rickinson (ADDRESS) 2928 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington Nov. 23, 1937

19. UNDERTAKER Morton Funeral Home (ADDRESS) no ac no

20. FILED 11.22, 1937 M. M. Crane, cash Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 10, 1937, to Nov. 21, 1937
I first saw him alive on Nov. 21, 1937 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:

Senility & cerebral hemorrhage
82 a
Other contributory causes of importance: stroke hemiplegia

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? _____
If so, specify _____

(Signed) Eugene A. Bond M. D.
(Address) 11607 Terrace, Kansas City, 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.

