

SEP 21 1938

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

28725  
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218  
(b) Township Boonville Primary Registration District No. 5298 Registered No. 76  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Brickner 625

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Nellie Brickner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1885

7. AGE YEARS 53 MONTHS \_\_\_\_\_ DMS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. On Farm  
10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

FATHER 13. NAME William Brickner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

MOTHER 15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

17. INFORMANT (ADDRESS) Mrs Walter Brickner Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem DATE Aug 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Baller Boonville Mo

20. FILED Aug 22, 1938 DeFonger Local Registrar. 177

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-20th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937 to Aug 20, 1938  
I last saw him alive on Aug 20, 1938 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:

Acute Peritonitis Date of onset \_\_\_\_\_

Other contributory causes of importance: 450  
Carcinoma Liver

Name of operation Autopsy Date of 4/26/38  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? no

specify \_\_\_\_\_ (signed) M. S. McGuire, M. D.  
(Address) Boonville 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
9/14/38  
Date Filed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*G. F. Baller*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*G. F. Baller*

Licensed Embalmer No. *3067*

P. O. Address *Boonville, N*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**