

DEC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County HenryTownship Post Oak, FeboCity Leeton, Mo.Registration District No. 349Primary Registration District No. 3487

2459

File No. 2Registered No. 2

St.

Ward

2. FULL NAME James William Shirley Bricken

(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 28 yrs.

mos.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White,

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mrs. Tom Bricken

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

Jan. 27, 1867

7. AGE

YEARS

71

MONTHS

11

DAYS

14/6

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

12. BIRTHPLACE (CITY OR TOWN) Carrelton, Mo.
(STATE OR COUNTRY)

FATHER

13. NAME George Bricken14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Ellen Shirley16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)17. INFORMANT Mrs. Lucille Older,
(ADDRESS) Buffalo, Mo.18. BURIAL, CREMATION, OR REMOVAL Mineral Creek

PLACE

Jan. 16 1939.

DATE

19. UNDERTAKER R. A. Brauninger, Leeton, Mo.
(ADDRESS)

20. FILED

1-15-

19

39

Mo.

A. Q. Gray

Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13th. 19 3922. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw him alive on dead Jan. 13, 1939. Death is said
to have occurred on the date stated above, at 6.00 P.M.

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

Homicide

Date of onset

Jan 13/39Other contributory causes of importance: 172Name of operation NoneDate of PostmortemWhat test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 19Where did injury occur? At home, Leeton, Mo.

(Specify city or town, county, and State)

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

Manner of injury Shot woundNature of injury Wound of brain & lungs24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

5. B. Hughes M. D.
314 (Address) Clinton, 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

RECEIVED
District Health Officer No. 71
District File Number 7-39-188
Date Filed 2-6-39