

1933 APR 19

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

Do not use this space.

10530

1. PLACE OF DEATH

County Clay Registration District No. 198
Township 7th Power Primary Registration District No. 200
City Excelsior Springs (No. 232) St. _____ Ward _____

File No. _____
Registered No. 26

2. FULL NAME

Madie Roberta Ricketts

(a) Residence, No. 101 Langham St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gilbert Ricketts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14 - 1899</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>6</u>
	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1939, to Mar 8 1939
I last saw him alive on Feb 25 1939. Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Ceremana
from
metastasis in lung

Other contributory causes of importance: 50

Name of operation: Tueck's Great Date of 2/28/38
What test confirmed diagnosis? Proty... Was there an autopsy? No

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) J. E. Baird, M. D.
(Address) Excelsior Springs

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Decatur</u>
	13. NAME <u>Robert Shelton</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Decatur</u>
	15. MAIDEN NAME <u>Lessie Cherrington</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Decatur</u>
	17. INFORMANT (ADDRESS) <u>Gilbert Ricketts</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Decatur Iowa</u> DATE <u>Mar 9</u> 19 <u>39</u>	
19. UNDERTAKER (ADDRESS) <u>Herbert Hope</u>	
20. FILED <u>Mar 8</u> 19 <u>39</u> <u>Ronald M. O'Connell</u> Registrar.	

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

APR 8 1948

DEC 8 1948

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/3/39