

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

44000
Do not use this space.

1. PLACE OF DEATH
 (a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3079 Registered No. 337
 (c) City Hannibal (d) Street No. Levering Hospital 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 Harvey Bricker
 (a) Residence, No. La Grange, Mo. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida M. Bricker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1st. 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>70</u>	<u>3</u>	<u>3</u>	<u>9</u>	

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

9. Industry or business in which work was done, as 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) Williamsburg Ohio

13. NAME John Bricker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsburg Ohio

15. MAIDEN NAME Anna Sweet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Wm. W. J. Johnston Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE Dec 12th 1939

19. FUNERAL DIRECTOR (ADDRESS) W. H. Roberts La Grange, Mo.

20. FILED Dec. 11 1939 W. C. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1939, to Dec 10, 1939
 I last saw him alive on Dec 10, 1939 Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:
Bilateral Lobar pneumonia
 Other contributory causes of importance: 105
Spontaneity
Chronic suppurative
 Name of operation None Date of
 What test confirmed diagnosis? Chest Was there an autopsy? Yes

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? No
 If so, specify
 (Signed) W. H. Murphy, M. D.
 (Address) Hannibal, Missouri

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.

STATEMENT BY LICENSED EMBALMER

I, A.A. Roberts, Licensed Embalmer No. 1626

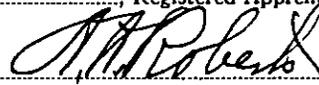
hereby certify that the body recorded on the reverse side of this certificate was embalmed by A.A. Roberts

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 1626

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.)