

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

8885

Do not use this space.

PLACE OF DEATH

County East Registration District No. 152
 Township East Branch Primary Registration District No. 152
 City East Lynne St. _____ Ward _____

File No. _____
 Registered No. 6
 _____ St. _____ Ward _____

2. FULL NAME Emma M. Bricker

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Emma Bricker
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1842
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 | 5 | 10 | _____ hrs. or _____ min.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 1 1929
 17. I HEREBY CERTIFY That I attended deceased from March 15, 1928, to Mar 1, 1929 that I last saw her alive on March 1, 1929, and that death occurred, on the date stated above, at 1:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
 CONTRIBUTORY (SECONDARY) None
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. _____
 DID AN OPERATION PRECEDE DEATH. No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS. _____
 (Signed) W. H. Hanson, M. D.
3/3, 1929 (Address) East Lynne, Mo

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Indianapolis
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER John Dudley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) London
 (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Rechel Leary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) London
 (STATE OR COUNTRY) England

14. INFORMANT Cliff Bricker (son)
 (Address) East Lynne

15. FILED 3/3 1929 A. W. Hartzler
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pitts Chapel DATE OF BURIAL Mar 3 1929

20. UNDERTAKER A. W. Hartzler ADDRESS East Lynne 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.

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 1-512
 1929
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