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.

JAN 8 1934

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

Do not use this space.

85

35782

1. PLACE OF DEATH

County Buchanan — Registration District No. ..... — File No. 35782

Township ..... — Primary Registration District No. ..... — Registered No. 1165

City St.Joseph, (No. 1105 No.6th.St. St. ..... Ward)

11 5 9

2. FULL NAME Roy Joseph Trickett

(a) Residence, No. 1105 No.6th.St. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug,29,1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail grocer Clerk

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) Oct,1933

11. Total time (years) spent in this occupation 10

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

FATHER

13. NAME John W.Trickett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa City, Iowa.

MOTHER

15. MAIDEN NAME Mary O'Keefe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Mo.

17. INFORMANT (ADDRESS) Mrs.James Welch 1105 No.6th.St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE Nov,29,1933

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 11-28- 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov,26,1933 , 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1929 to Nov 26, 1933

I last saw him alive on Nov 26, 1933 Death is said to have occurred on the date stated above, at 3.40 A.M.

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

132A

Bright's disease

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) Ballinger h.Bldg St.Joseph, Mo.