

REC'D OCT 19 1938

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

31885
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 126
 (b) Township " Primary Registration District No. 3009
 (c) City " (d) Street No. St. Francis 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 Linley K. Trickey 20

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1938 1938

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

22. I HEREBY CERTIFY, That I attended deceased from March 26 1936 Sept 21 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1884

I last saw h. im alive on Sept 20 1938. Death is said to have occurred on the date stated above, at 5 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 4 23

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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 0

Myocarditis with decompensation Date of onset 6-3-38
Arterial sclerosis 3-26-36
Hypertension 3-26-36

12. BIRTHPLACE (CITY OR TOWN) New Wells (STATE OR COUNTRY) Mo.

Other contributory causes of importance:
Arterial sclerosis 3-26-36
Hypertension 3-26-36

FATHER 13. NAME Frank Trickey

Name of operation None Date of _____
 What test confirmed diagnosis? Heart Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Clara Reed

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau County (STATE OR COUNTRY) Missouri

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Scott Trickey (ADDRESS) Cape Girardeau Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REINTERMENT PLACE Memorial Park DATE Sept. 23 1938

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

19. FUNERAL DIRECTOR (NAME) Brinkopf Howell (ADDRESS) Cape Girardeau Mo 121

(Signed) R. A. Petter, M. D.
 (Address) Cape Girardeau Mo.

20. FILED 9-21 1938 J. M. Thompson Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Joe G. Howell

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Joe G. Howell
Licensed Embalmer No. 3390

P. O. Address Cape Breton, N.S.

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.)

If this body is not embalmed, above space should be left blank.