

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

Do not use this space.

11610

1. PLACE OF DEATH  
 County Jackson Registration District No. 392  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 59th & State Line)  
 File No. 1894  
 Registered No. 1894  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William R. Pickering  
 (a) Residence No. 59th & State Line St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 Jane Coggburn Pickering

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>3</u>	<u>29</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis County  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. A. Pickering

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

12. MAIDEN NAME OF MOTHER Unknown

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1927, to Feb 31, 1927, that I last saw h. alive on Feb 31, 1927, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Pyelitis  
Chronic Arthritis 12 yrs  
Chronic Myocarditis degeneration 3 yrs  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? 9013

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? cytology  
 (Signed) R. T. Blum, M. D.  
Apr 2, 1927 (Address) Route 1307

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT W. R. Pickering  
 (Address) 20 Janssen Place

15. FILED 4/3, 1927 M. M. Crone  
 REGISTRAR asst

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Pantheon DATE OF BURIAL 4/4 1927

20. UNDERTAKER Stine & McClure ADDRESS 924 Oak

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.

