

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

Do not use this space.

37879

**1. PLACE OF DEATH**

County Butt  
Township Grant  
City Lironia

Registration District No. 720  
Primary Registration District No. 6234

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence Gasch Pickinpaugh St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 16 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Sarah Ellen Pickinpaugh

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Nov - 16, 1928, that I last saw him alive on Nov - 13, 1928 and that death occurred, on the date stated above, at 6 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 1895

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
33 6 10

Myocarditis  
Chronic nephritis  
131  
93D (duration) 1 yrs. 4 mos. \_\_\_\_\_ ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Morgan Co Ohio

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

10. NAME OF FATHER

John Pickinpaugh

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

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) P. V. Hart, M. D.

Nov 17 1928 (Address) Coatsville Mo.

12. MAIDEN NAME OF MOTHER

Unknown

\*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14. INFORMANT Lena Blankenship  
(Address) Lironia Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

McBune Nov 19 1928

15. FILED Nov 17 1928 J. E. Baker

20. UNDERTAKER J. H. Grogan ADDRESS Lironia

REGISTRAR

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.

