MAR 2 1933

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

Do not use this space.

2356

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Marion — Registration District No.: 559

Township: Round Grove — Primary Registration District No.: 5744

City: Palmyra R.F.D. (No. ..... St. ..... Ward)

2. FULL NAME: Nannie Gabrella McPike

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Edward McPike

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 11, 1838

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
94	2	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Nonretired

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Near Palmyra (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: John Keach

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

12. MAIDEN NAME OF MOTHER: Mary Lake

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Missouri (STATE OR COUNTRY): Marion Co

14. INFORMANT: Ernest Freeman
(Address): Palmyra Mo

15. FILED: Jan. 28, 1933 — J. M. Creba, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 17th 1933

17. I HEREBY CERTIFY, That I attended deceased from 2nd day of Jan, 1933, to Jan. 16, 1933, that I last saw her alive on Jan 16, 1933, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Roya Freeman M.D., M.D.

1 18, 1933 (Address) Palmyra Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Emerson Cemetery — DATE OF BURIAL: Jan 19, 1933

20. UNDERTAKER: A. B. Chambers — ADDRESS: Maywood 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.