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

Do not use this space.
37186

1. PLACE OF DEATH
County: Marion
Township: Fabius
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 548.
Primary Registration District No. 5743.
File No. .....
Registered No. 68.

2. FULL NAME: Dr. James B. McPike
(a) Residence, No. Fabius Township St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 76 yrs. 10 mos. 20 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susie Holt McPike
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 29, 1856
7. AGE: Years 76 | Months 10 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Medical Doctor
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): Nov. 18, 1933
11. Total time (years) spent in this occupation: 53yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County Missouri

FATHER
13. NAME: W.F. McPike
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentuckey

MOTHER
15. MAIDEN NAME: Sarah Hoskins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia.

17. INFORMANT (ADDRESS): Mrs. Susie McPike Palmyra, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Greenwood Cem. PLACE Palmyra, Mo. DATE 11/22/33, 19
19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.
20. FILED Nov. 22, 1933. Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 19, 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 19th, 1933, to Nov 19th, 1933
I last saw him alive on Nov. 19th, 1933. Death is said to have occurred on the date stated above, at 6:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy - stroke	
M.D.	
M.D.	

Other contributory causes of importance: Hypertension - arterial.

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? Clinical 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) W. C. Oneal, M. D.
(Address) Palmyra, 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.

MAY 4 1934

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