Burke

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

JAN 12 1935

Do not use this space.

42625

File No. 632

Registered No.

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. St. Ward)
Registration District No. 34
Primary Registration District No. 2001
St. John Hosp.

2. FULL NAME Jack Wm Pickering
(a) Residence, No. 769 N National 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 M
4. COLOR OR RACE wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 - 1932
7. AGE Years 2 Months 0 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 36
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 105
10. Date deceased last worked at this occupation (month and year) 9-34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

FATHER
13. NAME Wm M Pickering
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic Mo

MOTHER
15. MAIDEN NAME Bernice L Haldridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

17. INFORMANT Wm. M. Pickering
(ADDRESS) Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE 12/19 1934
19. UNDERTAKER H H Lohmeyer
(ADDRESS) Springfield Mo.
20. FILED 12-19 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934, to Dec 17 1934
I last saw him alive on Dec 17 1934. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus sub-glottic edema - Tracheotomy performed - 10 days previous to expiration	

Other contributory causes of importance: Myocarditis failure

Name of operation Tracheotomy Date of Dec 7-34
What test confirmed diagnosis? — 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) M H Burke, M. D.
(Address) 214 N. Jefferson St Springfield, Mo

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