

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

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Warren Registration District No. 884
 Township Charlotte Primary Registration District No. 6126
 City Marthasville (No. _____) St. _____ Ward _____

2. FULL NAME Amanda Pickel
 (a). Residence, Not _____ Ward _____
 (Usual place of abode) Emma & Bonnie Marthasville (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred - yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

File No. 39067

Registered No. 26

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 1866</u>				
7. AGE YEARS <u>70</u>	MONTHS <u>10</u>	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
	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) _____			
				11. Total time (years) spent in this occupation _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	13. NAME <u>Charles F. Pickel</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Susie Dlubna</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	17. INFORMANT (ADDRESS) <u>C. Stumm, Marthasville, Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Huntington Ind Nov 1 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Fred White, Marthasville, Mo</u>				
20. FILED <u>Oct 30 1937</u> <u>C. Stumm</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to Oct 30 1937
 I last saw him alive on Oct 29 1937 Death is said to have occurred on the date stated above, at 4 P m.
 The principal cause of death and related causes of importance were as follows:
Cor Myocarditis
 Other contributory causes of importance: High Blood Pressure
 Date of onset 3 Jan 1937

Name of operation None Date of _____
 What test confirmed diagnosis? Chol 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? _____
 If so, specify _____
 (Signed) C. Stumm M. D.
 (Address) Marthasville Mo

