REC'D AUG 25 1938

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

25775
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence
(b) Township Mt Vernon
(c) City Mt. Vernon
Registration District No. 470
Primary Registration District No. 1563
Registered No. 76
(d) Street No. Missouri State Sanatorium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 3 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mae Isabell Pickens 258
(a) Residence, No. Glenwood Mo., St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Allen Pickens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19, 1896
7. AGE: Years 42 | Months 1 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): May 1937
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

FATHER
13. NAME: Caleb Decker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Frances Kinkade
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT: Mrs. Michael Reidlick
(ADDRESS) Missouri State San

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lancaster, Mo DATE July 1, 1938

19. FUNERAL DIRECTOR (NAME) Fossett Funeral Home
(ADDRESS) Mt Vernon, Mo

20. FILED July 1, 1938 P. A. Holmes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1938, to July 1, 1938
I last saw her alive on July 1, 1938. Death is said to have occurred on the date stated above, at 1:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1934
JZN	

Other contributory causes of importance:
Tuberculous meningitis

Name of operation ..... Date of .....
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) [illegible] M. D.
(Address) Mo State San Mt. Vernon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 18 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.