

REC'D FEB 11 1939

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

Do not use this space.

2374

1. PLACE OF DEATH
39 County Greene 2 Registration District No. 323
Township Murray Primary Registration District No. 5448
City Willard (No. _____) St. _____ Ward _____
2. FULL NAME Mrs. Mary M. Pike
(a) Residence, No. Willard St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5 1861
7. AGE YEARS 77 MONTHS 2 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Jan. 3. 1939 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tolk County, Missouri
13. NAME James Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Unknown -
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Mrs. Horace Dameron (ADDRESS) Willard
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Jan. 6 1939
19. UNDERTAKER P. L. Greenyade Undertaking Co. (ADDRESS) Willard
20. FILED Jan-4 1939 Mrs. Ralph Hughes Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-4 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
I last saw her dead Jan 4, 1939 Death is said to have occurred on the date stated above, 12:57 p. m.
The principal cause of death and related causes of importance were as follows:
angina pectoris
Other contributory causes of importance: 94
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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) J. P. Ferguson Registrar
(Address) 604 E. Elm

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

