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.

REC'D MAY 22 1939

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

15338
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence
(b) Township Mt. Vernon
(c) City Mt. Vernon, Mo
(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. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 470
Primary Registration District No. 5633
Registered No. 60

2. PRINT FULL NAME Mercer Pikey
(a) Residence, No. Portageville, 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1921

7. AGE: Years 17 | Months 6 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) XXXXXXXXXXX
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Missouri

FATHER
13. NAME Walter Harvel Pikey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid County Missouri

MOTHER
15. MAIDEN NAME ------ Ragsdale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---- Tennessee

17. INFORMANT E. McMichael, Record Clerk
(ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville, Mo. DATE 4-27-1939

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

20. FILED 4-26-1939 P. L. Holmes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25, 1939 XXXX

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1939 XXX, to Apr. 25, 1939 XXXXX
I last saw him alive on Apr. 24, 1939 XXX. Death is said to have occurred on the date stated above, at 7:20 a. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset June 1938

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Autopsy. 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) J. H. Stocker, M. D.
(Address) Mt Vernon Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-5-39-993
Date Filed MAY 10 1939

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, H D Fawcett, or by

Registered Apprentice No. 2201, working under my personal supervision.

Signed H D Fawcett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon N

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

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