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

Do not use this space.

15900

1. PLACE OF DEATH
County Pemiscot
Township
City Caruthersville (No. ..... St. ..... Ward)

Registration District No. 661
Primary Registration District No. 4388

File No.
Registered No. 66

2. FULL NAME Ralph V. Pike
(a) Residence. No. ..... 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child of Dewey Pike

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 1926

7. AGE Years 1 Months 4 Days 21 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pemiscot Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Dewey Pike
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elva Lucas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

14. INFORMANT Dewey Pike
(Address) Caruthersville Mo.

15. FILED June 7, 1927 Ida Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-22 1927

17. I HEREBY CERTIFY, That I attended deceased from 5-1, 1927, to 5-22, 1927 that I last saw him alive on 5-22, 1927, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
9
107A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Whooping Cough
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Thomas J. Collins, M. D.
May 22, 1927 (Address) Caruthersville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Little Prairie Cemetery Caruthersville Mo. DATE OF BURIAL 5/23/1927

20. UNDERTAKER Laforge Und Co. ADDRESS Caruthersville Mo.

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.