1928

120

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

Do not use this space.
32828

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85 — File No.:
Township: — Primary Registration District No.: 1001 — Registered No.: 1218
City: St Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME: Homer Pike

(a) Residence. No. (Usual place of abode) St., Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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): 3/28/1879

7. AGE: Years 48 — Months 8 — Days 0 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Homer J. Pike
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Mary L Kiger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cal.

14. INFORMANT: State Hosp #2 Record
(Address): St Joseph

15. FILED: Nov 30 1927 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11/28/27 19

17. I HEREBY CERTIFY, That I attended deceased from 7/15/25, 19, to 11/28/27, 19, that I last saw h. alive on 11/28/27, 19, and that death occurred, on the date stated above, at 1:15 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Ulcer with Perforation
117A
1011
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Manic Depressive Psychosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: HHN
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/27/27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J H Romeiser M. D
11/30 1927 (Address) State Hosp. St. Joseph

*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: Breckenridge Mo — DATE OF BURIAL: Nov 30 1927

20. UNDERTAKER: Thos P Hickman Funeral Home — ADDRESS: 1108 Francis (Co MAA)

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.