

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

Do not use this space.

3596

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... (No. 6700 Manchester)

File No.....
 Registered No. 1294
 St..... Ward.....

2. FULL NAME

James W. Pickett
 (a) Residence. 11439^a Papau of 22 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 7 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 1 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Crane operator
 (b) General nature of industry, business, or establishment in which employed (or employer) Seulin Salagn Steel Co.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER William Whitney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miss.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Annie Morgan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond
 (STATE OR COUNTRY) Virginia

14. INFORMANT Florence Johnson
 (Address) 1509 Morgan

15. FILED FEB - 3 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19....., and that I last saw him alive on 19....., at 6:45 a.m. death occurred on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injury
(Crushed Head)
Due to falling from Crane
(Electric) He was operating
Accident

CONTRIBUTORY (SECONDARY) Accident
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. Sever
2/2, 1928 (Address) Deputy Coroner

*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 Greenwood Cem DATE OF BURIAL 2-5-1928

20. UNDERTAKER Peoples ADDRESS Franklin

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.

DEPARTMENT RECORD

