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

Do not use this space.

5035

1. PLACE OF DEATH
County Shelby — Registration District No. 830 — File No. 11
Township Salt River — Primary Registration District No. 6091 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Bessie Cornelia Pickett
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cecil C. Pickett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 10, 1892

7. AGE: Years 36 — Months 4 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

28
92

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

235

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

PARENTS
10. NAME OF FATHER: Lev Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Shelby Co. Mo.
12. MAIDEN NAME OF MOTHER: Hattie Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Shelby Co. Mo.

14. INFORMANT: Cecil C. Pickett
(Address) St Louis, Mo.

15. FILED Feb 11, 1929 Madge Gooch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan-22-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1928, to Jan 22, 1929, that I last saw her alive on Jan 9, 1929, and that death occurred, on the date stated above, at 5:30 p.m.

53E THE CAUSE OF DEATH* WAS AS FOLLOWS:
46E Sarcoma of Liver secondary to Sarcoma of Cervical glands
..... (duration) ..... yrs. ..... mos. ..... ds.

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

49

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? Labs & Clinical
(Signed) J. A. Furnish, M. D.
, 19 (Address)

*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: Pulling Dead Cemetery — DATE OF BURIAL: Jan. 24 1929

20. UNDERTAKER: J. W. Thompson Son — ADDRESS: Shelbyville Mo.

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3 25

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.