APR 24 1929

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

Do not use this space.

File No. 9826

Registered No. 74

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125

Township " " Primary Registration District No. 3009

City Cape Gir (No. St Francis Hospital St. Ward)

2. FULL NAME Mary Elizabeth 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. 3 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 M. S. Pike

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-19-1861

7. AGE: Years 67 | Months 9 | Days 24 | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) Hy Co
(STATE OR COUNTRY) Ky

2

PARENTS

10. NAME OF FATHER Geo Schneider

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

10

12. MAIDEN NAME OF MOTHER Harriet Mille

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

2

14. INFORMANT M. S. Pike
(Address) Advance Mo.

15. FILED 3/14, 1929 W. Kaempfer REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 13, 1929 that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 4 15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

INTESTINAL OBSTRUCTION
122B (VOLVULUS)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) OPERATION

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/11/29

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. Smith, M. D.

, 19 (Address) Cape Girardeau 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: Advance Mo

DATE OF BURIAL: Mar 15 1929

20. UNDERTAKER: Lorberg F & N Co

ADDRESS: Cape Gir. 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.