

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

APR 30 1929

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

Do not use this space.

11872

1. PLACE OF DEATH

County Pike Registration District No. 685
 Township Calanitt Primary Registration District No. ~~2799 A~~ 4489
 City Clarksville (No. _____) _____ St. _____ (Ward)

File No. 20
 Registered No. 13

2. FULL NAME

Doris Eugena Pellikaan

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 22 1925</u>		
7. AGE	YEARS	MONTHS
<u>3</u>	<u>10</u>	<u>17</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 9 1929
 17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1929, to March 9, 1929 that I last saw her alive on March 9, 1929, and that death occurred, on the date stated above, at 5:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumo-pneumonia (primary)
1078 1178
 (duration) yrs. mos. ds. 9 ds.
 CONTRIBUTORY none
 (SECONDARY) (duration) yrs. mos. ds.

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

PARENTS	10. NAME OF FATHER <u>Rascal Pellikaan</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Har. Va.</u> (STATE OR COUNTRY) <u>Ill</u>
	12. MAIDEN NAME OF MOTHER <u>Lydian Eckert</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Idra</u> (STATE OR COUNTRY) <u>Mo</u>

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) E.M. Baxter, M. D.
Mar 10, 1929 (Address) Clarksville Mo.

14. INFORMANT Rascal Pellikaan
 (Address) Clarksville

15. FILED Apr. 1, 1929 H. H. Traubway
 REGISTRAR

*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 3-11 1929
 20. UNDERTAKER J. H. Brown Clarksville ADDRESS

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.

