3

JUN 25 1929

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.

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

Do not use this space.

17719

1. PLACE OF DEATH

County: Dent — Registration District No.: 266 — File No.:

Township: ~~Springcrook~~ — Primary Registration District No.: 4164 — Registered No.: 54

City: Salem (No. ..... St. ..... Ward)

2. FULL NAME: Virginia Irene Pidcock

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 14 1927

7. AGE: 1 YEARS — MONTHS: 10 — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Hugh Pidcock
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dent Co.
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Ruth Sexton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dent Co.
(STATE OR COUNTRY): Mo.

14. INFORMANT: Hugh Pidcock
(Address): St. Louis Mo.

15. FILED: May 19 1929 W. E. Rudd, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May-18 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1929, to May 17, 1929, that I last saw h. Cn alive on May 17, 1929, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
9
10 PH
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Whooping Cough
(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. G. Dillon, M. D
, 19 (Address) Salem 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: Cedar Grove Cem.
DATE OF BURIAL: May 19 1929

20. UNDERTAKER: Carl Spencer
ADDRESS: Salem Mo.