

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

Do not use this space.

5429

**1. PLACE OF DEATH**

County Jasper  
Township Webb City  
City Webb City No. \_\_\_\_\_

Registration District No. 417  
Primary Registration District No. 3021

File No. \_\_\_\_\_  
Registered No. 24  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 522 S. Ellis 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 Male 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 Mary Pike

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 1 14

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

9. BIRTHPLACE (CITY OR TOWN) Patrick County  
(STATE OR COUNTRY) Wis

10. NAME OF FATHER Joseph Pike

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

12. MAIDEN NAME OF MOTHER Sarah Pike

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

14. INFORMANT Mrs. Mary Pike  
(Address) Webb City, Mo.

15. FILED 7/8, 1930 R. M. Stormont  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/20, 1929, to 2-28, 1930 that I last saw him alive on 2-27, 1930, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mitral Regurgitation

92A  
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90A  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) J. H. Cross, M. D.

2/28, 1930 (Address) Webb City, 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 DATE OF BURIAL  
Mount Hope Cem 3 1930

20. UNDERTAKER ADDRESS  
Webb City Und Co Webb City

K. 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.

WHITE COPY, WITH UNWADING INK—THIS IS A PERMANENT RECORD

MAR 27 1930

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