

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.

MAF 28 1930

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

Do not use this space.

6046

1. PLACE OF DEATH

County Ralls  
Township Center  
City Center (No. \_\_\_\_\_)

Registration District No. 725  
Primary Registration District No. 4431

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

2. FULL NAME

Alice Emiley 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ansey H. Pike

17. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1929, to Feb. 26, 1930.  
That I last saw her alive on Feb. 22, 1930, and that death occurred, on the date stated above, at 5 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 1854  
7. AGE YEARS 75 MONTHS 6 DAYS 19 IF LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Locomotor Ataxia  
80 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

CONTRIBUTORY (SECONDARY) 72 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Thomas F. Conner

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

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

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Jimimah Conner

WHAT TEST CONFIRMED DIAGNOSIS Spore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

(Signed) Th. F. Botts M. D.  
Feb. 27, 1930 (Address) Center, Mo.

14. INFORMANT Ansey H. Pike  
(Address) Center, 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.

15. FILED 31 6/10 30 J. H. Howard REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salon Cemetery DATE OF BURIAL Feb 28 1930

20. UNDERTAKER W. H. Couch ADDRESS Center

