

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

Do not use this space.

12732

**1. PLACE OF DEATH**

County Jackson  
Township KAW  
City Kansas City (No. Research Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 1650  
Registered No. 1650 Ward

**2. FULL NAME** William Alfred Pickering

(a) Residence. No. 20 Janssen Place 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 Zoe C. Pickering

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 26, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 3 19

8. OCCUPATION OF DECEASED 117A Lumber business 103B  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

10. NAME OF FATHER William R. Pickering

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

12. MAIDEN NAME OF MOTHER Jane Cogburn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) cole county Missouri

14. INFORMANT Mrs. Gori Pickering (Address) 20 Janssen Place

15. FILED 4/15 1930 M.M. Crowe REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1930, to April 15, 1930, that I last saw him alive on April 15, 1930, and that death occurred, on the date stated above, at 5:07 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Ulcer of pylorus

about 8 mos

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemorrhage from ulcer (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Findings

(Signed) B.S. Sudastracher M. D.

4/15 1930 (Address) 826 Orange Bess

\*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

Forest Hill Pantheon 4/17 1930

20. UNDERTAKER ADDRESS 3235

Stone + McClure Hillman

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.

12-29-30

826 Argyle.