

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.

JEC 22 1930

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

Shrimma Do not use this space.

35896

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 1426 W. Webster) St. _____ Ward) _____
 2. FULL NAME Wm Grant Pike
 (a) Residence. No. 1426 W. Webster 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hattie B. Pike</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 19, 1861</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>4</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Minister</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Va.</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Joseph Pike</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>N. Car.</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Hattie A. Beasley</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)	

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 30 1930

17. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Nov 30, 1930 that I last saw him alive on Nov 30, 1930, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral hemorrhage
82A
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Arterio Sclerosis (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at place of birth
 IF NOT AT PLACE OF BIRTH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) H. H. Sherman M. D.
 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Maple Park Cemetery</u>	DATE OF BURIAL <u>Dec 1 1930</u>
20. UNDERTAKER <u>W. H. Hingner</u>	ADDRESS <u>4246 Com. St. Springfield, Mo.</u>

14. INFORMANT Hattie B. Pike
(Address) Springfield, Mo.

15. FILED 12-2-1930 Lon Sharp REGISTRAR

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