

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Arden
City Arden (No. 1420)

Registration District No. 668
Primary Registration District No. 3032

File No. 11043
Registered No. 766
St. _____ Ward _____

2. FULL NAME

Noah Alfred Pickett
(a) Residence. No. 1420 Arden St., 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian D Pickett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 4 5

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Art Carpenter (b) General nature of industry, business, or establishment in which employed (or employer) M I + J ORR (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Mo

10. NAME OF FATHER Alfred Pickett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER (?) Davidson

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

14. INFORMANT W E Cooper (Address) Arden Mo

15. FILED Mar 23 1931 REGISTRAR J. L. Love

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/23 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931, to Mar 23 1931 that I last saw him alive on Mar 20 1931, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Cerebral Haemorrhage
first about a year ago
but it recurred 10 days
(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) none (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH do not know

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chrom. changes (Signed) Chapman, M. D.

*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 Arden Mo DATE OF BURIAL 3/24 1931

20. UNDERTAKER McLaughlin Bros ADDRESS Arden

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.

APR 25 1931

