

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

Do not use this space.

34878

1. PLACE OF DEATH

County Lafayette Registration District No. 461
 Township Lafayette Primary Registration District No. 3024
 City Lafayette (No. Lafayette St. 3rd Ward)

File No. 73
 Registered No. 3-10

2. FULL NAME

Theodore Augustus McPike
 (a) Residence, No. Lafayette St. 3rd Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. — mos. — ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

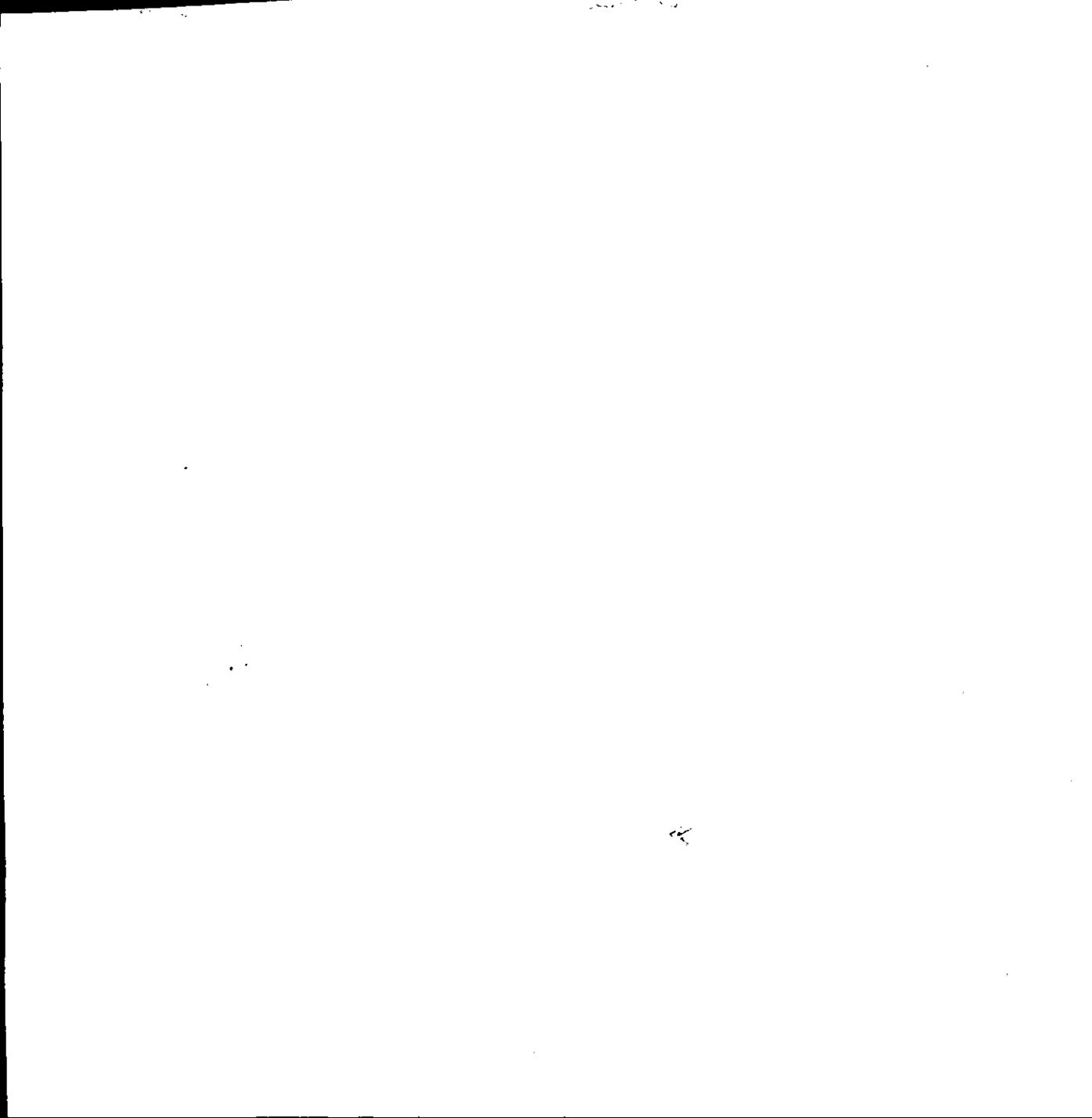
3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie McPike
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 9 13
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Zion A. M. E. Church
 10. Date deceased last worked at this occupation (month and year) October 1931 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Mo.
 13. NAME Louis McPike
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling, Mo.
 15. MAIDEN NAME Ella Moore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County, Mo.
 17. INFORMANT Ella Moore McPike-Raise (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Oct 17 1931
 19. UNDERTAKER Walking Bros. (ADDRESS) Kansas City, Mo.
 20. FILED Oct 13 1931 J. D. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 13, 1931
 22. I HEREBY CERTIFY, That I attended deceased from August 7, 1931, to October 15, 1931
 I last saw him alive on October 13, 1931. Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:
Mitral Incompetency Date of onset about Jan 1, 1931
Dilation of Heart July 1930
 Other contributory causes of importance:

Name of operation none Date of —
 What test confirmed diagnosis? — Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? — Date of injury —, 19—
 Where did injury occur? — (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury —
 Nature of injury —
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify —
 (Signed) J. D. Ball, M. D.
 (Address) Lafayette, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette
Township Lafayette
City Livingston (No. St. Ward)

Registration District No. 461
Primary Registration District No. 3024

File No.
Registered No. 73

2. FULL NAME

Theodore Augustus McReke

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>37</u>	<u>9</u>	<u>13</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

Oct 13 1931 G. W. Freduda

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1931

22. I HEREBY CERTIFY, That I attended deceased from, to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed), M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS FOLLOWS

82851-S