

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

Do not use this space.

16777

1. PLACE OF DEATH

64 County Marion Registration District No. 547
 1 Township Mason Primary Registration District No. 3379
 8 City Hannibal (No. St Elizabeth Hospital) St. 138 Ward

2. FULL NAME

Treasure McPike
 (a) Residence, No. 2806 Hope Ave 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 bol 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alia McPike
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1893
 7. AGE YEARS 38 MONTHS 3 DAYS 2722 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
 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) Ashley mo

FATHER 13. NAME John McPike

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

MOTHER 15. MAIDEN NAME Anna

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

17. INFORMANT (ADDRESS) Mrs Alice McPike 2306 Hope Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashley Cem DATE 11-14-32

19. UNDERTAKER (ADDRESS) Geo E Roberts Hannibal

20. FILED May 10 1932 E Cousins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1932
 22. I HEREBY CERTIFY, That I attended deceased from April 19 1932, to May 5 1932
 I last saw him alive on May 8 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
Diabetes (1)
 Date of onset
 Other contributory causes of importance:

Name of operation Duquoy test 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. A. W. Fox M. D.
 (Address) Hannibal Mo.

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.

MAY 23 1932

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