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

Do not use this space.

21755

File No. .....

Registered No. 141

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875

Township Washington — Primary Registration District No. 6162

City ~~Nevada~~ (No. 4 ..... St. ..... Ward)

2. FULL NAME Charles Pike

(a) Residence. No. State Hospital #3 St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 14 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 Mrs. C. L. Pike

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	5	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mattress maker
(b) General nature of industry, business, or establishment in which employed (or employer) State Hospital #3
(c) Name of employer F. M. Grogan Supt.

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Eliza Pike
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Mattie Crabtree
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. C. L. Pike
(Address) Nevada Mo.

15. FILED 6-7-32 1932 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1932

17. HEREBY CERTIFY, That I attended deceased from Aug 4, 1931, to June 5, 1932 that I last saw him alive on June 5, 1932 and that death occurred, on the date stated above, at 3 40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis.
93C 92
162 93C
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senile dementia
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? (1)
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Laurence L. Cooper, M. D
6-5, 1932 (Address) Nevada Mo.

*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: Newton Cemet. — DATE OF BURIAL: June 8 1932

20. UNDERTAKER: Ferry Funeral Home — ADDRESS: Nevada 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.

JUL 27 1932