

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

Do not use this space.

35701

1. PLACE OF DEATH

County JACKSON Registration District No. 388
Township KAW Primary Registration District No. 1000
City KANSAS CITY (No. ST. MARY'S HOSPITAL)

File No. _____
Registered No. 4203
St. 1200 Ward

2. FULL NAME

DR. ALAN L. PICKARD

(a) Residence, No. BELLECLAIRE APT. HOTEL 6 Ward.

(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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL - 14 - 1895

7. AGE YEARS 37 MONTHS 6 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DENTIST

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 201

10. Date deceased last worked at this occupation (month and year) AUGUST - 14 - 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY, MISSOURI (STATE OR COUNTRY) WISCONSIN

13. NAME DR. C. M. M. PICKARD

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

15. MAIDEN NAME ALICE LEADER

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

17. INFORMANT MRS. MARGARET PICKARD (ADDRESS) BELLECLAIRE APARTMENT HOTEL

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE NOVEMBER - 10 - 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED Nov 9 1932 M. Grogan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER - 8 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 - 1932 to Nov 8 - 1932

I last saw him alive on Nov 8 - 1932 Death is said to have occurred on the date stated above, at 9:20 AM.

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

Immense amount of dental work
Hereditary
137A
137A
91B
Other contributory causes of importance:
Nephritis
Chronic

Name of operation Sinus Date of May 10

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) D. H. Sharp, M. D.
(Address) 636 Olive St. Bldg

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.

636 Argyle Bldg.

12:30 - 4:30