

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

Do not use this space.

**36525**

**1. PLACE OF DEATH**

73 County Newton Registration District No. 609  
 3 Township \_\_\_\_\_ Primary Registration District No. 4318  
 4 City Neosho (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Catherine Picketts  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob Picketts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1858</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>5</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation _____
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) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
13. NAME <u>Jacob Shery</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
15. MAIDEN NAME <u>Catherin Shery</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
17. INFORMANT (ADDRESS) <u>Uscar Picketts</u> <u>Neosho Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>5067 Cemetery</u> DATE <u>11/4</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Burham's</u> <u>Neosho Mo</u>		
20. FILED <u>11/10</u> 19 <u>32</u> <u>Dr. C. M. Mules</u>		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1932 to Nov 2 1932.  
 I last saw h. alive on Nov 2 1932. Death is said to have occurred on the date stated above, at 7:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Left side paralysis.  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Previous stroke 3 years ago

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. J. M. Mules, M. D.  
 (Address) Neosho 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.

