

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

Do not use this space.

35696

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. 224 E. Missouri Ave.) Registered No. 1075  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Angelia Pickle  
 (a) Residence No. 224 E. Missouri St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 65 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. K. Pickle</u>      |  |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 11, 1854</u>                          |  |   |   |  |
| 7. AGE  | YEARS<br><u>79</u>   | MONTHS<br><u>0</u>  | DAYS<br><u>21</u>                               | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> |   |   |  |
|   | 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) <u>Iowa City</u><br>(STATE OR COUNTRY) <u>IOWA</u>      |  |   |   |  |
| FATHER  | 13. NAME <u>Horace Montague</u>  |   |   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) <u>Northfield</u><br>(STATE OR COUNTRY) <u>Mass.</u>                           |   |   |  |
| MOTHER  | 15. MAIDEN NAME <u>Pamelia Fairbanks</u>   |   |   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) <u>Springfield</u><br>(STATE OR COUNTRY) <u>Mass.</u>                          |   |   |  |
| 17. INFORMANT <u>Laura Pickle</u><br>(ADDRESS) <u>224 E. MO. AVE.</u>                 |  |   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Mora Cem.</u> DATE <u>Nov. 6, 1933</u> |  |   |   |  |
| 19. UNDERTAKER <u>Fred H. Clark</u><br>(ADDRESS) <u>5125 King Hill Ave.</u>           |  |   |   |  |
| 20. FILED <u>11-3-33</u> 19 _____<br><u>John H. Bender</u><br>Registrar.              |  |   |   |  |

**A MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 2, 1933 1933

I HEREBY CERTIFY That I attended deceased from Laura Nov 2 1933 to Nov 2 1933

I last saw her alive on Nov 2 1933 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:  
Che Valvular Heart Dis  
Che Myocarditis  
131  
92A  
93C

Other contributory causes of importance:  
Che Arteriosclerosis  
Che Hypertension  
1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) A. R. Ingram M. D.  
 (Address) St. Joseph 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.

11-5-33

2929

