MAR 24 1934

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

Do not use this space.

4434

File No. .....

Registered No. 6

1. PLACE OF DEATH
County Dekalb
Township Washington
City Stewartsville (No. ..... St. ..... Ward)

Registration District No. 261
Primary Registration District No. 4160

2. FULL NAME Miriam Pickett

(a) Residence, No. ..... St., 3 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 33 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Pickett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18-1848

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 86 | 0 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
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) (STATE OR COUNTRY) Clay County Mo.

FATHER

13. NAME William Warrin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Arbella Arnold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nah Known

17. INFORMANT (ADDRESS) Wm E. Pickett Stewartsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stewartsville DATE Feb 23 1934

19. UNDERTAKER (ADDRESS) F. G. Lyon Stewartsville Mo

20. FILED Feb 22 1934 L. E. Saunders Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 21st, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Apoplexy

Called after death to view body

Date of onset 2-21-34

Other contributory causes of importance:

High blood pressure for several years

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? X Date of injury ....., 19.....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At her home

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) L. E. Saunders, M. D.

(Address) Stewartsville Mo

...in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.