

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

Do not use this space.

1. PLACE OF DEATH

County Leadswood

Township Leadswood

City Leadswood (No. _____)

Registration District No. 33

Primary Registration District No. 602410

File No. 21643

Registered No. #10

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zeb McPike

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 6 14

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) Housewife (c) Name of employer _____

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

10. NAME OF FATHER Joseph Pouchet

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliz. L'Emond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY)

14. INFORMANT Zeb McPike (Address Leadswood Mo)

15. FILED 6/17 34 Wellenricher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1934

17. I HEREBY CERTIFY, That I attended deceased from June 10 1934 to June 16 1934 that I last saw h^e alive on June 15 1934, and that death occurred, on the date stated above, at 1:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral tumor base

(duration) _____ yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Stroke (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Arnold Hunkeler M. D.

6/7 1934 (Address) Leadswood

*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 Hopewell Cemetery DATE OF BURIAL 6/17 1934

20. UNDERTAKER J. B. Boyer Leadswood Mo ADDRESS _____

K. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 13 1934

8 21

1924-6-16

1863-11-29

70-6-19