

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

Do not use this space.

DEC 27 1934

39849

1. PLACE OF DEATH

52 County Knox Registration District No. 441  
Township Liberty Primary Registration District No. 6243  
City Edina Mo (No. 140) St. Armenty Ward Pickering

2. FULL NAME

Lafane Merriman Armenty Pickering  
(a) Residence, No. Armenty St. Armenty Ward. Pickering  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruben Pickering</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30 1861</u>		
7. AGE <u>73</u>	YEARS <u>5</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House keeper</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) (STATE OR COUNTRY) <u>Springfield</u>		
13. NAME <u>Frank Merriman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unborn</u>		
15. MAIDEN NAME <u>Rhoades</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Armenty</u>		
17. INFORMANT (ADDRESS) <u>Ray Armenty</u> <u>Edina Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harrison</u> DATE <u>11-14</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs J. E. Hudson</u> <u>Edina Mo.</u>		
20. FILED <u>Nov 14</u> 19 <u>34</u> <u>Mr C.M. Smith</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934, to Nov 10 1934.  
I last saw her alive on Nov 10 1934. Death is said to have occurred on the date stated above, at 5:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Paralysis due to Cerebral Hemorrhage  
Date of onset Nov 1  
Other contributory causes of importance: None  
Name of operation none Date of none  
What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury none, 1934  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify none  
(Signed) Dr E. L. Luman, M. D.  
(Address) Edina One

