

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

Do not use this space.

8623

APR 17 1935

1. PLACE OF DEATH

County DeKalb
 Township Washington
 City Stewartville (No. _____)

Registration District No. 261
 Primary Registration District No. 4160

File No. _____
 Registered No. 3
 St. _____ Ward _____

2. FULL NAME

Martha J Pike
 (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 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 Cashie Pike

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-8-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 11 6

8. Trade, profession, or particular kind of work done, as splanner, 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 70yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME John Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Phoebe Patton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Ella Pike (ADDRESS) Stewartville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Geon DATE March 16 1935

19. UNDERTAKER B. F. G. Poy (ADDRESS) Stewartville Mo

20. FILED May 15 1935 L. E. Saunders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 8th 1935 to Mar 14 1935

I last saw her alive on Mar 14th 1935 Death is said to have occurred on the date stated above, at 6:15 p.m.

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

Bronchial pneumonia Date of onset _____

10702

Other contributory causes of importance: X

Name of operation X Date of X
 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 X, 1935
 Where did injury occur? X
 (Specify city or town, county, and State)

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

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 X

(Signed) L. E. Saunders, M. D.
 (Address) Stewartville Mo

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.

