

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

Do not use this space.

13863

JUN 3 1935

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sedalia (No. Bothwell Hospital) St. _____ Ward _____

File No. 138
 Registered No. 668

2. FULL NAME

Chessa Pearl Pickett
 (a) Residence, No. Cross Timbers 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

OCCUPATION	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>Ben Pickett</u>				
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14, 1886</u>				
	7. AGE	YEARS <u>49</u>	MONTHS <u>11</u>	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House Wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at Home</u>			
	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>Hickory County Mo</u>			
	FATHER	13. NAME	<u>Jessie Puck</u>		
		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ray County Mo</u>		
MOTHER	15. MAIDEN NAME				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
	17. INFORMANT (ADDRESS)	<u>Ben Pickett Cross Timbers</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cross Timbers</u> DATE <u>April 19 1935</u>					
19. UNDERTAKER (ADDRESS) <u>McLaughlin Bros Sedalia</u>					
20. FILED <u>4-19-</u> 19 <u>35</u> <u>Jean Slack</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10 1935 to April 17 1935.
 I last saw her alive on April 7 1935. Death is said to have occurred on the date stated above, at 6 P. M.
 The principal cause of death and related causes of importance were as follows:
acute Pericarditis
myocarditis
arteriosclerosis
 Date of onset 5/4/35

Other contributory causes of importance
arteriosclerosis

Name of operation systemic Date of 4-17-35
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) M. B. Sly M. D.
 (Address) Sedalia 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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 138
St. _____

2. FULL NAME

Thessa Pearl Pickett

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
49 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 3

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Apr 19 19____ Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17, 1935

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 _____ m.

The principal cause of death and related causes of importance were as follows: acute parenchymatous nephritis (Date of onset 7/4/34)

Other contributory causes of importance: interme fibroid new malignant

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

JUN 15 1935

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