

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

Do not use this space.

SEP 26 1935

25293

1. PLACE OF DEATH

County Shelby
Township Bethel
City Bethel, Mo. (No. _____)

Registration District No. 896
Primary Registration District No. 6087

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

2. FULL NAME

Sarah Catherine Pickett.

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 70 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 (OR) WIFE OF Hedgeman Pickett.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) sep 17, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 11 21

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

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) Shelby County, Mo.

13. NAME Alvin Allen

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

15. MAIDEN NAME Sarah Ann Ford

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

17. INFORMANT (ADDRESS) Miss Bess Pickett
Bethel, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE 1900 E. Cemetery DATE 7/13 1935

19. UNDERTAKER (ADDRESS) C. W. Messgrove
Bethel, Missouri

20. FILED 9/10 1935 Mrs. A. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11 1935

22. I HEREBY CERTIFY that I attended deceased from morning 1935 to July 11 1935

I last saw her alive on July 11 1935. Death is said to have occurred on the date stated above, at 6:10 P.M.

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

Cerebral Hemorrhage July 10, 1935

Other contributory causes of injury, trauma, or disease: Chronic Nephritis & Stenosis

Name of operation conv. lobot Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? No

If so, specify _____ (Signed) D. L. Simpson, M. D.

(Address) Bethel Mo.

