

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

Do not use this space.

OCT 28 1935

1. PLACE OF DEATH

County Pike
Township Crown
City Bowling Green (No.)

Registration District No. 684
Primary Registration District No. 4405

File No. 30366
Registered No. 29
St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode) (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 57

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

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) 1935 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Ashley mo

13. NAME Jack McPike

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Ashley mo

15. MAIDEN NAME Mary McPike

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Ashley Mo

17. INFORMANT (ADDRESS) Bill Bell Bowling Green mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling Green DATE Sept. 30 1935

19. UNDERTAKER (ADDRESS) W. B. C. Emory Bowling Green mo

20. FILED 10-10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to 9-28 1935

I last saw him alive on 9-28 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Ch. Myocarditis
121

Other contributory causes of importance: Ch. Int. nephritis

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

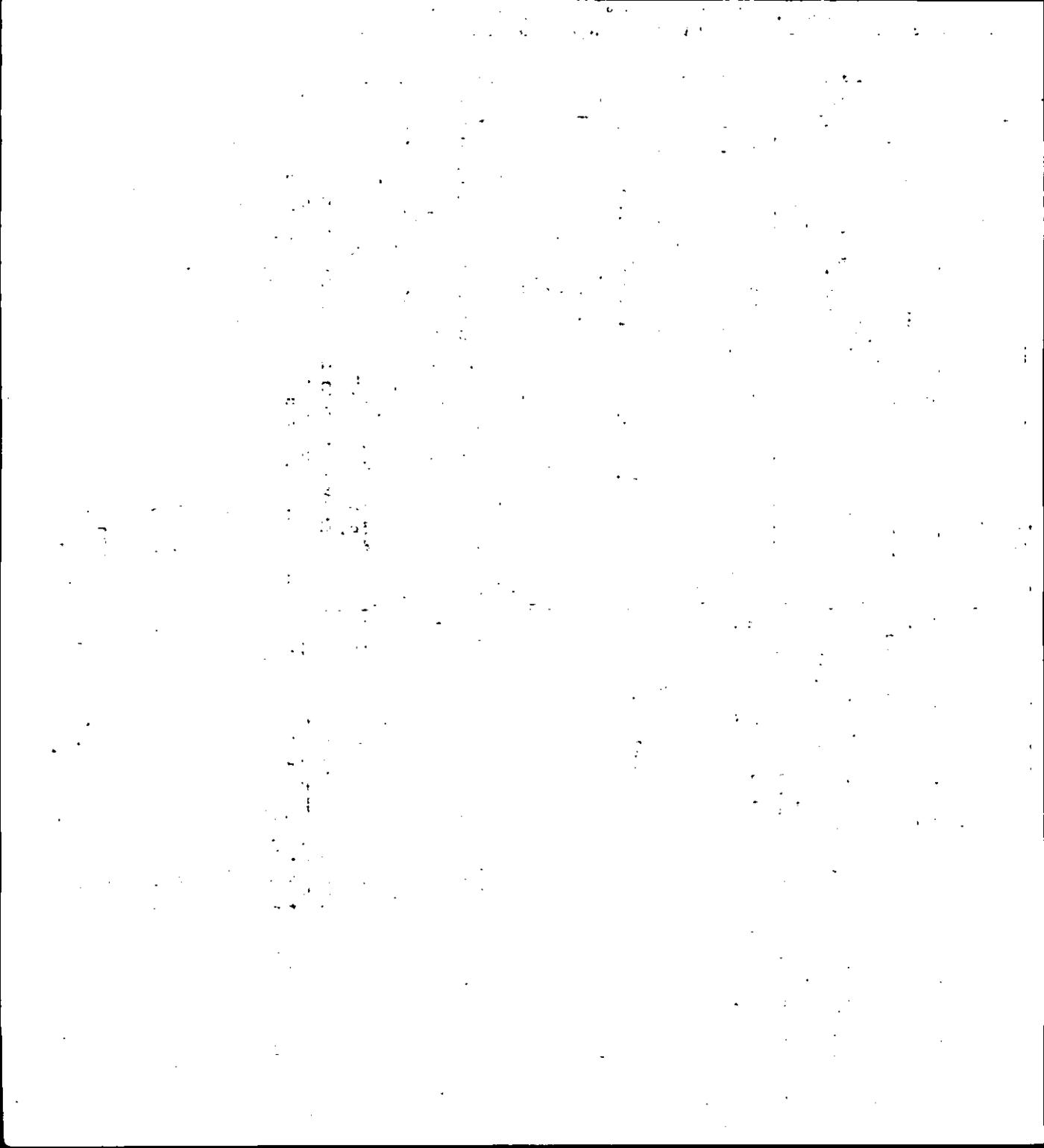
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. McKeown M. D.
(Address) Bowling Green 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 Pike Registration District No. 684
 County..... Township..... Primary Registration District No. 4408
 City Bowling Green St. Ward).....
 2. FULL NAME James McPike
 (a) Residence, No. St. Ward.
 (Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)
 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 4 days hrs. min.
abt 5-7
 OCCUPATION 8. Trade, profession, occupation, or kind of work done, as spinner, sawyer, cooper, etc.
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 last seen 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:

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

Date of onset
 Other contributory causes of importance:
 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) T. H. McKeown, M. D.
 (Address) Bowling Green

W. G. Summer
 Registrar

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.

SUPPLEMENTARY

PROPERTY OF THE
U.S. GOVERNMENT

5-30366