OCT 30 1935

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

Do not use this space.

32379

1. PLACE OF DEATH

County Greene — Registration District No. 316

Township — Primary Registration District No. 4191

City Ash Grove (No. ..., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Adeline Pike

(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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Thomas L. Pike

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5th 1856

7. AGE — YEARS: 79 — MONTHS: 3 — DAYS: 9. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Christian County Missouri

FATHER

13. NAME Wiley Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~[illegible]~~ Tenn.

MOTHER

15. MAIDEN NAME Jane Mallard

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

17. INFORMANT (ADDRESS) Mrs Wm Beal, Ash Grove. Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Slagle Cemetery DATE October 16th 1935

19. UNDERTAKER (ADDRESS) Brim Funeral Home, Walnut Grove. Mo.

20. FILED Oct 15, 1935 Mrs Leonard James Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935 to Oct, 1935

I last saw her alive on October 8, 1935. Death is said to have occurred on the date stated above, at 1030 p m.

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

Chronic myocarditis — Date of onset: 3 yrs

93 C

Other contributory causes of importance:

Name of operation none Date of .....

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? ..... 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) Charles H McHaffie M. D.

(Address) Ash Grove Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.