

FEB 13 1936

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

Do not use this space.

4282

1. PLACE OF DEATH

County Vernon
Township
City Nevada

Registration District No. 875
Primary Registration District No. 3029

File No.
Registered No. 18
St. Ward

2. FULL NAME

Jennie Clarissa Pike

(a) Residence, No. 1326 N Cedar St., 2 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 8 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant state hospital
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) Plymouth Conn

MOTHER FATHER
13. NAME Shard Terry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plymouth Conn

15. MAIDEN NAME Julia Blackman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watertown Conn

17. INFORMANT (ADDRESS) Mrs. J. K. Kees

18. BURIAL, CREMATION, OR REMOVAL Newton Cemetery DATE Jan 28 1936

19. UNDERTAKER (ADDRESS) Terry Funeral Home

20. FILED Jan 29 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1936 to Jan 23 1936

I last saw him alive on Jan 25 1936 Death is said to have occurred on the date stated above, at 3:30 m.

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

Bronchial pneumonia Date of onset

set in on Jan 15

Other contributory causes of importance:
suppuration

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) H. W. J. [unclear] M. D. (Address) New Rochelle, N. Y.

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.

