

MAR 12 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Co.Registration District No. 791Township SPrimary Registration District No. 1003City Missouri Capt. Hosp.(No. Missouri Capt. Hosp.)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)St. NR Ward. Johnson City, Ill

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. 28 How long in U.S., if of foreign birth?

yrs. _____

mos. _____

da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Mr James H. Pike</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28-1897</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>9</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ridgeway - Ill.</u>		
13. NAME <u>Mr. John D. Det</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norris City - Ill</u>		
15. MAIDEN NAME <u>Miss Susan Davis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>White County, Ill.</u>		
17. INFORMANT (ADDRESS) <u>Mr. Jas. H. Pike Johnson City, Illinois</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Johnson City, Ill</u> DATE <u>Feb 5 '36</u>		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>EB-51000</u> 19 <u>2/11/36</u> <u>J. P. Mack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1936

22. I HEREBY CERTIFY That I attended deceased from January 6, 1936, to Feb 3, 1936

I last saw him alive on Feb 2, 1936. Death is said to have occurred on the date stated above, at 3 a.m.

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

Chronic Myocarditis with Bundle Branch Block

Other contributory causes of importance:
Chronic Cholecystitis no stones
Diabetes Mellitus
Renal Anemia

Name of operation None Date of _____

What test confirmed diagnosis? Laboratory 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) J. P. Mack, M. D.
(Address) 310. Hall Bldg. St. Louis Mo

7598

File No. _____

Registered No. 1242

James S. O'D