17-17

MAY 19 1936

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

Do not use this space.

15361

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City Mo. No. 5506 Euclid St. Ward)

2. FULL NAME Mrs Norman Pickens
(a) Residence, No. 5506 Euclid 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Norman Pickens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-28-1882
7. AGE YEARS 54 MONTHS 0 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Rockland Maine

FATHER
13. NAME Richard J. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whales

MOTHER
15. MAIDEN NAME Elizabeth Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whales

17. INFORMANT (ADDRESS) Mr Norman Pickens 3146 Main
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE 4/21/36, 19
19. UNDERTAKER (ADDRESS) O. V. Ma[illegible] 3146 [illegible]
20. FILED 4/19, 1936 [illegible] Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1936, to 4-18, 1936
I last saw her alive on 4-18, 1936. Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

Coronary disease
mit occlusion
94 [illegible]

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) Geo J Jones, M. D.
(Address) 80th & Paris

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.

Dr. Geo Jones
Marlborough

Res Jn 1907 1435 E 78

Office Jn 1879 80 E Pearce

12 to 12 ½ av office