

JAN 19 1937

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

Do not use this space.

44253

1. PLACE OF DEATH

County De Kalb
Township Garden
City Maysville, Mo. (No. _____ St. _____ Ward _____)

Registration District No. 259
Primary Registration District No. 4158

File No. _____
Registered No. _____

2. FULL NAME Mary Elizabeth Pickett

(a) Residence, No. Maysville, Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Joseph Pickett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Missouri
(STATE OR COUNTRY)

13. NAME Alexander Sherard

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Nancy E. Asher

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

17. INFORMANT Mrs. Frank Ackley
(ADDRESS) Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn - Maysville DATE 1-2-37, 1937

19. UNDERTAKER U. G. Pilcher
(ADDRESS) Maysville, Mo.

20. FILED 1-9-37 1937 Edw. H. Bauer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31-36, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 13-1936 to Dec. 31-1936

I last saw him alive on Dec 31-1936 Death is said to have occurred on the date stated above, at 6-15P m.

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

Carcinoma of the Duodenum

Other contributory causes of importance: Chr. Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis Uro 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 _____, 1936

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) Edw. H. Bauer
(Address) Maysville, Mo.

