MAY 20 1937

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

Do not use this space.

File No. 16465

Registered No.

1. PLACE OF DEATH

County Henry, Registration District No. 347

Township ~~Clinton,~~ Primary Registration District No. 3018

City Clinton, Mo. (No. , St. Ward)

2. FULL NAME Alice Pittman Ikenberry,

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female,	White,	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Charles W. Ikenberry,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26th. 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	30	II	I7	

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) Missouri.

FATHER

13. NAME C.E.Pittman

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

MOTHER

15. MAIDEN NAME Laura Jewell,

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

17. INFORMANT Mr. C.W. Ikenberry, (ADDRESS) Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville, Mo. DATE 4-12-37

19. UNDERTAKER R.A.Bauninger, Iceton, Mo. (ADDRESS)

20. FILED 4-13 1937 J.R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937 to Jan 9, 1937

I last saw her alive on Jan 9, 1937 Death is said to have occurred on the date stated above, at 2:25A m.

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

Lobar Pneumonia — Date of onset Jan 4/37

108

Other contributory causes of importance: None

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 None

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) S. B. Hughes, M. D.

(Address) Clinton, Mo.

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.