JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County: DeKalb — Registration District No. 262 — File No. 23593
Township: Polk — Primary Registration District No. 4161 — Registered No.
City: Union Star (No. ..... St. ..... Ward)

2. FULL NAME: Mary Ellen Pickard
(a) Residence, No. (Usual place of abode): Union Star, Mo. — Ward. — (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: yrs. 15 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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: James Wesley Pickard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2, 1855
7. AGE: YEARS 82 — MONTHS 4 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Dec. 1936
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb County Missouri

FATHER
13. NAME: William Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Elmira Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Plattsburg Missouri

17. INFORMANT (ADDRESS): J. L. Pickard, Union Star, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Hope — DATE: June 13 1937
19. UNDERTAKER (ADDRESS): Lucile M. Wilson, King City, Mo.
20. FILED: Jul 12 1937 — E. M. Reynolds, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 11, 1937
22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to June 11, 1937
I last saw h. ... alive on June 11, 1937. Death is said to have occurred on the date stated above, at 4:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1929

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Other contributory causes of importance:
Glomerular nephritis, Chronic

Name of operation ..... 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Luther E. Rockhold D.O. M.D.
(Address) Union Star, 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.