

NOV 19 1937

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

Do not use this space.

38200

1. PLACE OF DEATH

County Marion  
Township Mason  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3079  
(No. Levering Stos)

File No. \_\_\_\_\_  
Registered No. 6278  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Jean Brown Pickett  
(a) Residence, No. Enden 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 or wife of) <u>Frank Pickett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9 - 1892</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>2</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>		
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) <u>Shelby Co. Missouri</u>		
13. NAME <u>Henry Brown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Margaret Mildrow</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelbyville Missouri</u>		
17. INFORMANT (ADDRESS) <u>Jack Brown Enden Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Enden Mo</u> DATE <u>10-1937</u>		
19. UNDERTAKER (ADDRESS) <u>B. M. Allen Philadelphia Missouri</u>		
20. FILED <u>Oct 6 1937</u> <u>Mo</u> <u>U. S. S. H. S. H.</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 4 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1937, to 10-4, 1937.  
I last saw h. alive on 10-4-37 Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:  
Dilatation of stomach Date of onset 9-20-37

Other contributory causes of importance:  
Pyloric stenosis (Cicatrix)

Name of operation Gastroenterostomy Date of 9-21-37  
What test confirmed diagnosis? sp 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) J. H. Hester M. D.  
(Address) Hannibal Mo

N. B.—Every item of information should be carefully supplied. A fee should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 347  
 (b) Township \_\_\_\_\_ Primary Registration District No. 30219 Registered No. 298  
 (c) City Hannibal (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jean Brown Piccetti

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
45 2 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Emden Cem DATE 10-6 1937

19. FUNERAL DIRECTOR (ADDRESS) B. M. Allen  
Philadelphia Missouri

20. FILED Jan 20 1938 E. M. Kelly Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on..., 19... Death is said to have occurred on the date stated above, at... m.

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

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) \_\_\_\_\_, M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statements of

