DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Howard, Registration District No. 378 File No. 41414
Township South Moniteau, Primary Registration District No. 5-5-32 Registered No. 67
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Levi Pickard,
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Lula Pickard,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/23rd 1862

7. AGE YEARS 74 MONTHS 11 DAYS # If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Howard Co Mo

FATHER
13. NAME I.B. Pickard.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada.

MOTHER
15. MAIDEN NAME Jennie Haines,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France.

17. INFORMANT (ADDRESS) Mrs Emmet Ballew. Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smith Chaple, DATE 11.25th 1937

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED Dec. 6, 1937 V. G. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23rd ~~19~~, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935, to Nov 23, 1937
I last saw him alive on Nov 12, 1937. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1936

Other contributory causes of importance: 46

Name of operation Colostomy. Date of Feb 1937
What test confirmed diagnosis? Phys. findings 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) Wm. T. Shaw, M. D.
(Address) Fayette, 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.