

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.

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

Do not use this space.

JAN 15 1937

1. PLACE OF DEATH

County Bates
Township New Home
City (No.) (St.) (Ward)

Registration District No. 53
Primary Registration District No. 5089 1/2

File No. 44654
Registered No. 44

2. FULL NAME

Lucy Ellen Pickett

(a) Residence, No. R 7 D # 4 Butler 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1937

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1937 to Dec 14 1937 that I last saw her alive on Dec 14 1937 and that death occurred, on the date stated above, at 10.10. P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1881

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
PS E DC

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min. 56 3 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) ABC
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Illinois

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Joseph R. Pickett

DID AN OPERATION PRECEDE DEATH? No DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Valencia Boswell

WHAT TEST CONFIRMED DIAGNOSIS Gen (Signed) D. A. La Grue M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

(Address) Butler, Mo

14. INFORMANT M. C. Pickett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

(Address) Butler, Mo R 7 D

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Vernon Cem. DATE OF BURIAL Dec 16 1937

15. FILED 13 1937 James J. Allen REGISTRAR

20. UNDERTAKER Booths Red Hill Mission ADDRESS

