DEC 6 MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County Ray 2/1 Registration District No. 744 File No. 7961
Township Richmond Primary Registration District No. 3035 Registered No. 121
City Richmond (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Elizabeth Pickering 65
(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 Fe
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1873

7. AGE YEARS 64 MONTHS 10 DAYS 21 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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray co 0

FATHER
13. NAME Wm. Farrar 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 0

MOTHER
15. MAIDEN NAME Mary McCovey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Frank Pickering Richmond

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond, Mo. DATE 2/28/38

19. UNDERTAKER (ADDRESS) Brothers - Joiner Richmond Mo

20. FILED 3/10, 1938 Mary B. McDonald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938, to Feb 28, 1938
I last saw her alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis Myocarditis.	about 1932

Other contributory causes of importance: 131

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) D. G. W. Gaines, M. D.
(Address) Richmond, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.