SCD JUL 11 1938

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

Do not use this space.

22196

1. PLACE OF DEATH

County Jefferson — Registration District No. 420 — File No.

Township Dalle — Primary Registration District No. 5574 — Registered No. 44

City Hillsboro (No. ..., ... St. ..... Ward)

2. FULL NAME ANTOINETTE MARY PICHA

(a) Residence, No. Hillsboro Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
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: Albert James Picha

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 29 1888

7. AGE: YEARS 50 — MONTHS 1 — DAYS 17 — 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): New York City N.Y.

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mr. Albert J. Picha Hillsboro Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Hillsboro Mo DATE 6/18 1938

19. UNDERTAKER (ADDRESS): Daniel J. Mahn Desoto Mo.

20. FILED 7-7 1938 Jeneva Donnelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ By Inquest duties, June 15, 1938 ~~I last saw h~~ ~~alive on~~ ~~at~~ Death is said to have occurred on the date stated above, at 7:45 a m.

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

Died as the result of a paralytic stroke.

Date of onset

Other contributory causes of importance: An invalid for several years due to an injury to the spine

Name of operation — Date of

What test confirmed diagnosis? — 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 Paralytic stroke

24. Was disease or injury in any way related to occupation of deceased? no

~~If so, specify~~

(Signed) Frank Frazier, Coroner M.D.

(Address) Festus, Mo.