

REC'D SEP 14 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County DuchananRegistration District No. 80Township AgencyPrimary Registration District No. 4048City Agency (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_File No. 28309

Registered No. \_\_\_\_\_

2. FULL NAME Frances Ellen Pike(a) Residence, No. Agency, Mo. 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 Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marshall Pike6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1847

## 7. AGE

YEARS 91MONTHS 2DAYS 5

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as plumber, 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) Kentucky

## FATHER

13. NAME William Akers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

## MOTHER

15. MAIDEN NAME Elizabeth Belk16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Lou Pike, Agency, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE AgencyDATE August 9, 193819. UNDERTAKER (ADDRESS) Mrs. Sullens, Agency, Mo.20. FILED Aug 8, 1938Mrs. Lucy Powell

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 193822. I HEREBY CERTIFY, That I attended deceased from May 15, 1936 to August 7, 1938I last saw him alive on Aug 6, 1938 Death is said to have occurred on the date stated above, at 10:00 P.M.

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

ApoplexyChronic NephritisDate of onset July, 1937Other contributory causes of importance: arteriosclerosishypertensionName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? unknown

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) Marshall Day M. D.80 (Address) 2109 E. St. Joseph, Mo.

