

NOV 14 1938

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

36433  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jenniseat Registration District No. 651  
 (b) Township Caruthersville Primary Registration District No. 4388  
 (c) City Caruthersville (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ollie Ben Pickle  
 (a) Residence, No. 407 E. 8th St. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lizzie Pickle  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 4 30

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Drayer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH 11:30 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 31 - 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1938, to Oct. 31, 1938  
 I last saw him alive on Oct. 16, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease  
High Blood Pressure  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset Don't know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford County  
Tennessee  
 13. NAME George N. Pickle  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenniseat  
Tennessee  
 15. MAIDEN NAME Novie A. Harris  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenniseat  
Tennessee  
 17. INFORMANT (ADDRESS) Dr. Lizzie Pickle  
Caruthersville, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville, Mo. DATE 11/1/38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. J. P. Piquion  
Caruthersville, Mo.  
 20. FILED Nov. 4 1938 Ada Martin Local Registrar.

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 \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. Piquion, M. D.  
Caruthersville, Mo.  
585 (Address)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*J. L. LaFoye*

Licensed Embalmer No.

*308 D*

P. O. Address

*Cantherville, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**