

REC'D FEB 15 1939

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

2379
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township N. Gray Primary Registration District No. 5439 Registered No. 77
(c) City Springfield (d) Street No. Country Hospital St.
(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

DR. EFFIE PIKE
(a) Residence, No. R.F.D. No. 5 St. County Hospital
(Usual place of abode, if no street address, write county or city) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Emmet Pike
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 - 1896
7. AGE YEARS 42 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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

12. BIRTHPLACE (CITY OR TOWN) Cave Springs (STATE OR COUNTRY) Mo.

FATHER 13. NAME William Stroud
14. BIRTHPLACE (CITY OR TOWN) Cave Springs (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Lella Yoakum
16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT Emmet Pike (ADDRESS) R.F.D. - 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Comfort DATE 1-27-39

19. FUNERAL DIRECTOR (NAME) H.V. Smith (ADDRESS) 702 - W. Jefferson

20. FILED Jan 27, 1939 Chas. H. Koger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24-39

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1939, to January 13, 1939 that saw her alive on January 13, 1939. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Other contributory causes of importance: 22'

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) James B. Clark M. D.

(Address) 601 N. Jefferson

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,

Herbert V Smith

....., or by

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

Signed.....

Herbert V Smith

Licensed Embalmer No. *3324*

P. O. Address *702 - 78 - Jefferson*

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.