

1939 MAR 16 1939

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

7204
Do not use this space.

1. PLACE OF DEATH *Miller*

(a) County *Tuscumbea* Registration District No. *364*

(b) Township *Tuscumbea* Primary Registration District No. *5758*

(c) City *Waverly* (d) Street No. *4383* Registered No. *3*

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *25th George A. PICKINS*

(a) Residence, No. _____ St. *TUSCUMBIA, MO*
(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 *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 *Marion B. Pickins*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 7, 1872*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<i>66</i>	<i>6</i>	<i>13</i>		

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

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) (STATE OR COUNTRY) *Jewel County, Kansas*

FATHER

13. NAME *John Pickins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Barba, County West, Virginia*

MOTHER

15. MAIDEN NAME *Sara Adams*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *West Virginia*

17. INFORMANT (ADDRESS) *My Geo. Pickins Tuscumbea, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jefferson City, Mo.* DATE *Feb 20, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Flores J. Rodas Jefferson City, Mo.*

20. FILED *2-27-39* *L. M. Danner* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 20, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *May 23, 1928, to Feb 20, 1939*

I last saw him alive on *Feb 19, 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:

Carcinoma of Prostate 1934, 5 yrs ago
Metastasis to Lung, Liver, Brain, and Kidney

Date of onset

Other contributory causes of importance: *51*

Name of operation *None* Date of _____

What test confirmed diagnosis? *X-ray* 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) *Marshall E. Humphreys*
497 (Address) *Tuscumbea, Mo.*

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.

Dr. M. E. Humphreys

RECEIVED

Miller County Health Dep't

County File Number 39-23

Date Filed 3-10-39

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.....

Thos J. Gordon
working under my personal supervision.

Registered Apprentice No.....

Signed Thos J. Gordon

Licensed Embalmer No. 1982

P. O. Address Jefferson City 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.