

REC'D MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Nevada

Township

City NevadaRegistration District No. 875Primary Registration District No. 3039(No. Nevada Hospital)File No. 8072Registered No. 65

St. Ward

2. FULL NAME

(a) Residence, No. BBaby Pike

(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 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 19397. AGE YEARS MONTHS DAYS If LESS than 1 day, few hrs. or 6 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 occupation12. BIRTHPLACE (CITY OR TOWN) Nevada (STATE OR COUNTRY) Mo.13. NAME L. O. Pike14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)15. MAIDEN NAME Janette Lee16. BIRTHPLACE (CITY OR TOWN) Colorado (STATE OR COUNTRY)17. INFORMANT L. O. Pike (ADDRESS) Nevada Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood Cem. DATE Mar. 1 193919. UNDERTAKER Days Funeral Service (ADDRESS) Nevada Mo.20. FILED 3-1 1939 Allen D. Hagar Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 193922. I HEREBY CERTIFY, That I attended deceased from 2-28-39 to 2-28 1939I last saw h.e.r. alive on 2-28 1939. Death is said to have occurred on the date stated above, at 6:15 m.

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

Date of onset

Patent breech oral birth (Born Blue baby)

Other contributory causes of importance:

NoneName of operation none Date of noneWhat test confirmed diagnosis clinical 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

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?

If so, specify

(Signed) Allen D. Hagar, M. D.(Address) Nevada Mo.

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1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No.....
 City..... (No.....)..... St..... Ward.....

2. FULL NAME

(a) Residence, No..... St..... Ward.....
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR).....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.....

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

MOTHER FATHER
 13. NAME.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

15. MAIDEN NAME.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED..... 19..... Registrar.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)..... 19.....

22. I HEREBY CERTIFY, That I attended deceased....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
 (Date of onset)

District Health Officer No. 7
 District File Number 7-39-418
 Date Filed 3-8-39

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify.....
 (Signed)..... M
 (Address).....