

REC'D APR 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11557

Do not use this space.

1. PLACE OF DEATH

(a) County Mercer ² Registration District No. 5568
 (b) Township Morgan ¹ Primary Registration District No. 4328
 (c) City Princeton (d) Street No. _____ 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

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
83 1 22

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

13. NAME Christine Pickett ⁹

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ⁶

15. MAIDEN NAME Hinkle

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

17. INFORMANT (ADDRESS) Walter Dykes, Princeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE March 15, 1939

19. FUNERAL DIRECTOR (NAME) Noel Moss ⁴⁹⁴
 (ADDRESS) Princeton, Mo.

20. FILED 3/13 19 39 J. M. Berry
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 1, 19 39, to March 2, 19 39

I last saw her... alive on March 12, 19 39 Death is said

to have occurred on the date stated above, at 11 p.m.

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

Uraemic Coma; the result of chronic interstitial nephritis ^{3 da}
2. Precipitated by Influenza- acute- 6 days temp. rise but normal for 7 days before death. ^{2 yrs}

Other contributory causes of importance:

Exhaustion. ¹²¹

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. and Lab. Was an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) A. S. Bristow A. S. Bristow M. D.

(Address) Bristow Bldg., Princeton, Mo.

RECEIVED
Director of Health
District File Number 39-259
Date Filed APR 8 1939

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, mu.

....., or by

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

Signed.....

Paul Moss

Licensed Embalmer No. 2634

P. O. Address Princeton 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.