

REC'D AUG 19 1939

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

26569

Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 701
(b) Township Warren Primary Registration District No. 4422
(c) City Bolivar (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.

Registered No. 262. PRINT FULL NAME Rebecca Elizabeth Pike

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/26/1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 8 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
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) Polk Co.
(STATE OR COUNTRY) Missouri

13. NAME William Ryan

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

15. MAIDEN NAME Rebecca Scroggins.

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

17. INFORMANT S. S. Pike
(ADDRESS) Bolivar, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Single DATE June 26, 1939

19. FUNERAL DIRECTOR White Erwin
(ADDRESS) Bolivar, Missouri

20. FILED 6-26-39 Robert
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1937 to June 24, 1939
I last saw her alive on June 17, 1939 Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Cerebrovascular Hemorrhage Date of onset _____

Other contributory causes of importance: 87W

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) J. T. B. Bridges, M. D.

(Address) Bolivar, Mo
630

SEP 25 1956

RECEIVED
District Health Officer No. 7;
District File Number 7-39-1227
Date Filed 8-11-37

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)