

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Name of War; None, Social Security No; None,

FILED APR 15 1941

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

Do not use this space.

1. PLACE OF DEATH
 County: Andrew, Registration District No. 16
 Township: Rochester, Primary Registration District No. 5020
 City: Rochester, (No. 1) (City of Rochester, Mo.)
 St. Mo. Ward 3

2. FULL NAME: Blanche Pickett,
 (a) Residence, No. Rochester, Mo. St. 0 Ward 0
 (Usual place of abode)
 Length of residence in city or town where death occurred 54 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y 22, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>54</u>	<u>11</u>	<u>29</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies, Ready to Wear,

10. Date deceased last worked at this occupation (month and year) 11/1/40 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester, Missouri,

13. NAME James Taylor,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen, Scotland,

15. MAIDEN NAME Margaret Burris,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,

17. INFORMANT Lloyd E. Pickett
 (ADDRESS) Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rochester, Mo. DATE Feb'y 23rd, 41

19. UNDERTAKER Frank A. Bournant
 (ADDRESS) Savannah, Mo.

20. FILED 4-11-41 Mrs. Vernice A. Fite
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1941 to Feb 21, 1941
 I last saw her alive on Feb 19, 1941. Death is said to have occurred on the date stated above, at 12:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1925

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 Chronic Myocarditis
 (Signed) W. M. Reynolds M. D.
12 (Address) Union Bluff Mo

Statement by Licensed Undertaker.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

Signed: Wm E. Summerfield

Licensed Embalmer No. 3007

P.O. Address, St. Joseph, Mo.