

S. No. 2
M-5-42
v. 5-17-39
I x32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19186
State File No. _____
Registrar's No. 87

ED MAY 20 1943

Registration District No. 324

Primary Registration District No. 4475

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marion Road Mo.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community All her life (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marion
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA TRAVIS PICKETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race W
6. (a) Single, widowed, married, divorced 3 divorced
(b) Name of husband or wife John T. Pickett
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased March 3 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Yorkshire, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name John Barnett Guthrie

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hamilton

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys E. Pickett

(b) Address Miami, Mo.

17. (a) Burial (b) Date there Apr 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Mo

18. (a) Signature of funeral director Campbell Rurr
(b) Address Marion Mo

19. (a) 4-19-43 (b) W. T. O. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 12
year 1943 hour 8 minute 40 P.

21. I hereby certify that I attended the deceased from April 30th 1943 to April 12th 1943
that I last saw her alive on April 10th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 4 or 5 hrs

Due to due to complications of heart, hypertension

Due to Hypertension

Other conditions 9/40
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy not performed

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank H. Bell (M. D. or other) _____

Address Marion, Mo Date signed 4-12-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1215

(Licensed Embalmer's Statement on Reverse Side)

