

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

Do not use this space.

AUG 28 1936

27642

1. PLACE OF DEATH

County Putnam
 Township Clinton
 City (No. _____) _____ St. _____ Ward _____

Registration District No. 719
 Primary Registration District No. 5950

File No. 17
 Registered No. _____

2. FULL NAME

Alexander Pickering

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 1 6

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

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) Seaman

13. NAME Bear Pickering

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

15. MAIDEN NAME Melinda White

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

17. INFORMANT John W. Pickering (ADDRESS) Putnam Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Putnam Cem DATE July 15, 1936

19. UNDERTAKER (ADDRESS) Putnam Cem

20. FILED July 14, 1936 Dr. C. C. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 3, 1936, to Jan 3, 1936. I last saw him alive on Jan 9, 1936. Death is said to have occurred on the date stated above, at 9:15 A.M.

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

Hypertension Date of onset _____

Other contributory causes of importance:

Obesity

Name of operation No 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? no

If so, specify _____

(Signed) Dr. C. C. Thomas, M. D.
 (Address) Washington Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Vertical text on the left margin, possibly a page number or header.

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