

New York Department of Health, death certificate 11352 (1920), Vital Records Section, Albany; Richard S Pike, m. Sarah Powers; b. 4 Jan 1844, Glens Falls N.Y., d. 20 Feb 1920; Retired Locomotive Engineer; Father George B [sic] Pike b. Glens Falls N.Y.; Mother Jane Bentley, b. Queensbury N.Y.; Cause of death: Chronic nephritis; Burial Glens Falls Cemetery 23 Feb 1920. Informant: Fred R Pike, Clinton, Iowa.

1 PLACE OF DEATH County <u>Warren</u>		(Dist. No. <u>5601</u> ) To be inserted by Registrar	New York State Department of Health DIVISION OF VITAL STATISTICS		11352
Town or Village or City <u>Glens Falls</u>		STANDARD CERTIFICATE OF DEATH STATE OF NEW YORK		Registered No. <u>43</u>	
2 FULL NAME <u>Richard S Pike</u>		(No. <u>57 Bay St</u> ) (If death occurred in a hospital or institution, give its NAME instead of street and number)		St.; <u>2</u> Ward	
(Usual Residence No. <u>57 Bay St</u> ) (Usual place of abode)		St. <u>2</u> Ward.		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred <u>10</u> yrs. mos.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>			
6a IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF OR WIFE OF <u>Sarah Powers</u>					
6 DATE OF BIRTH <u>Jan 4</u> , 18 <u>44</u> (Month) (Day) (Year)					
7 AGE Years <u>76</u>	Months <u>1</u>	Days <u>15</u>	If LESS than 1 day, how many hrs. or min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Retired locomotive Engineer</u>					
9 BIRTHPLACE (City or Town) <u>Glens Falls</u> (State or Country) <u>N.Y.</u>					
10 NAME OF FATHER <u>George B Pike</u>					
11 BIRTHPLACE OF FATHER (City or Town) <u>Glens Falls</u> (State or Country) <u>N.Y.</u>					
12 MAIDEN NAME OF MOTHER <u>Jane Bentley</u>					
13 BIRTHPLACE OF MOTHER (City or Town) <u>Queensbury</u> (State or Country) <u>N.Y.</u>					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Fred R Pike</u> (Address) <u>Clinton Iowa</u>					
15 File No. <u>10473</u> Registrar <u>Earl P. Hall</u>					
16 DATE OF DEATH <u>Feb 20</u> , 19 <u>20</u> (Month) (Day) (Year)					
17 I HEREBY CERTIFY, That I attended deceased from <u>July 20</u> , 19 <u>19</u> , to <u>February 20</u> , 19 <u>20</u> , that I last saw <u>him</u> alive on <u>Feb 19</u> , 19 <u>20</u> , and that death occurred on the date stated above, at <u>9:30</u> AM. The CAUSE OF DEATH* was as follows: <u>Chronic nephritis</u>					
18a Where was disease contracted, <u>about a year</u> (Duration) yrs. mos. ds. <u>19</u>					
CONTRIBUTORY (SECONDARY) <u>Valvular disease of heart</u> (Duration) yrs. mos. ds. <u>unknown</u>					
18b Where was disease contracted, if not at place of death?					
Did an operation precede death? <u>No</u> Date of _____					
Was there an autopsy? <u>No</u>					
What test confirmed diagnosis? <u>Microscopic &amp; Chemical</u> (signed) <u>Walter C. Jones</u> , M. D. <u>Feb 20</u> , 19 <u>20</u> (Address) <u>Glens Falls, N.Y.</u>					
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL					
19 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Glens Falls Cemetery</u>			DATE OF BURIAL <u>Feb 23</u> , 19 <u>20</u>		
20 ADDRESS <u>Glens Falls, N.Y.</u>					
Burial and Permit issued by <u>Earl P. Hall</u> Date of issue <u>Feb 23, 1920</u> See Instructions on Other Side					