MAR 28 1930

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

Do not use this space.

6079

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township Sugar Creek — Primary Registration District No. 5970 — Registered No. 267
City (No. St. Ward)

2. FULL NAME Martha M. Pilkington
(a) Residence. No. 1 mile N.W. of Moberly Mo. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Pilkington

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 20-1857

7. AGE: Years 72 — Months 9 — Days 13 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: James Black
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Susan Myers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: John Pilkington
(Address) Moberly Mo.

15. FILED Feb 18, 1930 Dr. Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan., 1929, to Feb 3, 1930, that I last saw her alive on Feb 3, 1930, and that death occurred, on the date stated above, at 6:50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis,
92 A
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature] M. D.
2-3rd, 1930 (Address) Moberly, Mo.

*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: Moberly Mo. — DATE OF BURIAL: 2-5-1930

20. UNDERTAKER: Mohan & Son — ADDRESS: Moberly 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.

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