

WRITE PEAKLEY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

7597

1. PLACE OF DEATH

County *Audrain*
Township *Vandalia*
City *Vandalia* (No.)

Registration District No. *912*
Primary Registration District No. *4550*

File No.
Registered No. *13*
St. Ward)

2. FULL NAME

Charles W. Pilkington

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Lorena Pilkington

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

9-27-1874

7. AGE

YEARS MONTHS DAYS
65- 5 27
IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Minor*
(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) *Ills*

10. NAME OF FATHER

Henry Pilkington

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

E. J. Ellis
Corie Ellis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Ills*

14.

INFORMANT *Harry Pilkington*
(Address) *Bowling Green Mo.*

15.

FILED *3/3 1920* *Maecie Fugate*
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) *3-21 1920*

17. I HEREBY CERTIFY, That I attended deceased from *March 1 1920* to *March 21 1920* that I last saw him alive on *March 21 1920*, and that death occurred, on the date stated above, at *7 00* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach
46 B

CONTRIBUTORY (SECONDARY)

440
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *11/15 1929*
WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *St. H. Bland* M. D.
Apr 30 (Address) *Vandalia*

*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

Vandalia Cem DATE OF BURIAL *3-23 1920*

20. UNDERTAKER

W. J. Yates ADDRESS *Vandalia Mo*

$$\begin{array}{r} 12 \\ 3 \\ \hline 14 \\ 1 \\ \hline 15 \end{array}$$

$$\begin{array}{r} 20 \\ 21 \\ \hline 51 \\ 22 \\ 24 \end{array}$$

$$\begin{array}{r} 1930 - 3 - 21 \\ 1874 \quad 9 - 27 \\ \hline 55 \quad 5 - 24 \end{array}$$