

AUG 20 1930

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

Do not use this space.

22044

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 205 South 18th.) St. _____ Ward _____

File No. _____
Registered No. 879

2. FULL NAME Irma Virginia Pilgram,

(a) Residence. No. 205 South 18th. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry W. Pilgram,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 3 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Claremore,
(STATE OR COUNTRY) Oklahoma,

10. NAME OF FATHER R.M. Fletcher,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Evansville,
(STATE OR COUNTRY) Indiana,

12. MAIDEN NAME OF MOTHER Mary A. Cook,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Corsicana,
(STATE OR COUNTRY) Texas,

14. INFORMANT Sharon M. Pilgram
(Address) 205 South 18th Street,

FILED 31 1930 John E. Jth REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930

17. I HEREBY CERTIFY, That I attended deceased from June 7 1930
that I last saw her alive on July 28 1930, and that death occurred, on the date stated above, at 4:50 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Metastatic Carcinoma of structure of gland surrounding left kidney Bed. 53A-132C
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension, kidney removed
Nov 6, 1929 (duration) yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical and laboratory July 9 1930

(Signed) Gordon D. W. Smith M. D.
July 30, 1930 (Address) 845 So 10th St. Br. 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 Mount Mora Cemetery, DATE OF BURIAL July 31 1930

20. UNDERTAKER Healon-Belgo & Bowman ADDRESS 319 S. 10 St.

Funeral Home

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.

