

NOV 26 1930

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

Do not use this space.

33487

1. PLACE OF DEATH

County McDonald Registration District No. 315  
Township Prairie Primary Registration District No. 4311  
City Southwest City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

(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 I yrs. mos. ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

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 Roby J Pillsbury

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2nd 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 7 5

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Waterford Maine

PARENTS  
10. NAME OF FATHER Not Known  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known  
12. MAIDEN NAME OF MOTHER Not Known  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT (Address) A.A. Paige  
Manhattan Kansas

15. FILED 1930 John J. Nichols REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2nd 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 20th 1930 to Oct 1st 1930, that I last saw him alive on Oct 1st 1930, and that death occurred, on the date stated above, at 2:50 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arterio-Sclerosis  
Secondary Anoplexy

(duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None  
(duration) \_\_\_\_\_ yrs. 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  
(Signed) H. U. Poyner M. D.  
1012, 1930 (Address) Southwest City 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 DATE OF BURIAL  
Sunset Cemetery October 5th 1930  
Manhattan Kansas

20. UNDERTAKER ADDRESS  
Nichols Brothers Southwest City Mo

WRITE PLAINLY, 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.

V. S. No. 2.

MARCA RESERVED FOR BINDING

