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.

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

Do not use this space.

17231

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No.
Township St Francois — Primary Registration District No. 4464 — Registered No. 52
City Farmington (No. ..... St. ..... Ward)

2. FULL NAME Wm Henry Pirkey
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 6 1862

7. AGE: YEARS 69 — MONTHS 7 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 171
10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo.

FATHER
13. NAME: James Pirkey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Wilcox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo.

17. INFORMANT (ADDRESS): Mrs. Wm H. Pirkey, Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Western-Cape Girardeau Mo. DATE: May 10, 1932

19. UNDERTAKER (ADDRESS): Neidert Und. Co. Farmington, Mo.

20. FILED: May 7, 1932 — B. J. Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to May 7, 1932
I last saw him alive on on May 1, 1931. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease? + Myocarditis.	Jan. 1-1928.
95C	
97	
93	

Other contributory causes of importance:

Arterial Sclerosis	1926.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Geo. L. Watkins, M. D.
(Address) Farmington Mo.

32 - 5 - 7
62 - 10 - 6
69 - 7 1