

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

Do not use this space.

10261

APR 22 1933

1. PLACE OF DEATH
 County Macon Registration District No. 028
 Township Callao Primary Registration District No. 4314
 City Callao (No. _____) St. _____ Ward _____

2. FULL NAME Harriett Crawford Pillers
 (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 4 yrs. 1 mos. 5 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>1</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Business, Ohio

13. NAME William Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Catherine Riggle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Wm. P. Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Callao, Mo. DATE 3-12-33

19. UNDERTAKER (ADDRESS) Wm. P. Green

20. FILED 3/12 1933 W. W. Miller, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1933, to March 10, 1933
 I last saw her alive on March 10, 1933 Death is said to have occurred on the date stated above, at 5:15 A. M.
 The principal cause of death and related causes of importance were as follows:
Chron. Endocarditis
with Cerebral Embolism
 Other contributory causes of importance 92%

Name of operation _____ Date of _____
 What test confirmed diagnosis Phys Exam 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? no
 If so, specify _____
 (Signed) W. W. Miller, Jr., M. D.
 (Address) Callao, Mo.

WHITE PAPER, 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.

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