

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.

JAN 15 1935

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

Do not use this space.

1. PLACE OF DEATH

County Barry

Registration District No. 30

Township Monett

Primary Registration District No. 3003

City Monett (No.)

File No. 41877

Registered No. 2

2. FULL NAME

Clara Bell Pilkenton

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Ben Pilkenton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-26-1886</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>✓</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>10</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co. Mo</u>	13. NAME <u>Levy Calton</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co. Mo</u>	
MOTHER	15. MAIDEN NAME <u>Baunders</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Ben Pilkenton</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL <u>Monett, Barry Co. Mo</u> DATE <u>12-9-34</u>		
19. UNDERTAKER <u>H. G. Bradford</u> (ADDRESS)		
20. FILED <u>12-9-1934</u> <u>W. M. West</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Dec 7 1934

Last saw her alive on Dec 7 1934. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration
Hypostatic (Bacterial) Pneumonia

Date of onset
12/5/34

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Frank Key, M. D.

(Address) Monett Mo

