NOV 29 1935

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

Do not use this space.

34997

File No.

Registered No. 20

1. PLACE OF DEATH
County Webster — Registration District No. 72
Township W. Dallas — Primary Registration District No. 6210
City Fordland, (No. , St. Ward)

2. FULL NAME Lizzie Pilkinton

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

Length of residence in city or town where death occurred no yrs. no mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: XXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19, 1923

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
12	8	16	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): XXXX

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iberia, Missouri.

FATHER

13. NAME: Sidney Pilkintin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iberia, Missouri.

MOTHER

15. MAIDEN NAME: Annie Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iberia, Missouri.

17. INFORMANT (ADDRESS): Sidney Pilkinton

18. BURIAL, [illegible]
PLACE Mission Home DATE Oct. 7, 19 35

19. UNDERTAKER (ADDRESS): Rex Rainey, Marshfield, Mo.

20. FILED Oct 19 35 Nellie Atkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1935

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Oct 6, 1935, to , 19
Never ~~Last~~ saw h~~s~~w alive on Oct. 6, 1935. Death is said to have occurred on the date stated above, at 9:00 P.m.

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

	Date of onset
Laryngeal Diptheria	about Oct. 3rd 1935
10	

Other contributory causes of importance:

Name of operation None 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? No
If so, specify

(Signed) Ethan W. Flood, M. D.
(Address) Fordland, Mo

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.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD