

FEB 16 1937

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

Do not use this space.

407

## 1. PLACE OF DEATH

 County Callaway  
 Township Sutton  
 City Sutton

 Registration District No. 104  
 Primary Registration District No. 3008

 File No. \_\_\_\_\_  
 Registered No. 24  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

 (a) Residence, No. Roseella Pilcher  
 (Usual place of abode) Anton, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

 Length of residence in city or town where death occurred 5 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 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 Park Pilcher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19, 1883
 7. AGE YEARS 52 MONTHS 1 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 35

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) Beverly, Ill.13. NAME Seth Thomas Argumer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beverly, Ill.15. MAIDEN NAME Ella M. Rice16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton, Ill.17. INFORMANT (ADDRESS) Records of State Hosp #1

18. BURIAL, CREMATION, OR REMOVAL

 PLACE Anton, Mo DATE Jan. 31 1937
19. UNDERTAKER (ADDRESS) J. S. Gaff, Fulton, Mo.20. FILED Feb 2 1937 R. M. Creese Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937, to Jan 31, 1937.  
 I last saw her alive on Jan 31, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Broncho-pneumonia Date of onset 1-30-37

Other contributory causes of importance:

Influenza 1-25-37

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? no

If so, specify \_\_\_\_\_

(Signed) J. S. Gaff \_\_\_\_\_, M. D.(Address) Fulton, 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.

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