

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

38 County *Gentry*
Township *Jackson*
City

Registration District No. *317*
Primary Registration District No. *5431A*

File No. *5869*
Registered No. *3*
St. _____ Ward _____

2. FULL NAME *Famous Mortimer Pillett*

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

Length of residence in city or town where death occurred *1* 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 *Wht* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Samuel Miller Pillett*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12-1-1858*

7. AGE YEARS *78* MONTHS *2* DAYS *5* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stock Farming*

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) *1-20-1934* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) *Wagoner County* (STATE OR COUNTRY) *Oklahoma*

MOTHER 13. NAME *Iraon Pillett*

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

15. MAIDEN NAME *Mary Blue*

16. BIRTHPLACE (CITY OR TOWN) *Illinois* (STATE OR COUNTRY)

17. INFORMANT *Paul Pillett* (ADDRESS) *Lawberry T. F. D. Illinois*

18. BURIAL, CREMATION, OR REMOVAL PLACE *High Lodge* DATE *2-8* 1937

19. UNDERTAKER *J. E. Johnson* (ADDRESS) *Lawberry T. F. D. Illinois*

20. FILED *2-7-* 1937 *Donald N. Amy* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb-6, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 3*, 1937, to *Feb 6*, 1937
I last saw him alive on *Feb 6*, 1937 Death is said to have occurred on the date stated above, at *1:40 am*.

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

Cortic Insufficiency Date of onset _____

Other contributory causes of importance: *AD*

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) *E. J. Simpson, M. D.*(Address) *Lawberry T. F. D. Illinois*

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.

