

REC'D APR 22 1938

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

Dr. [Signature]
11702
Do not use this space.

1. PLACE OF DEATH

(a) County *Putnam* Registration District No. *661*
(b) Township *Little Panola* Primary Registration District No. *15862*
(c) City *Courthaven* (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. *22*

2. PRINT FULL NAME

(a) Residence, No. *Rt. 1* *Parlee Pillow* 400 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* COLOR OR RACE *Black* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Paul Ben Pillow*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May-12-1873*
7. AGE YEARS *64* MONTHS *9* DAYS *21* If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *Feb. 1938* 11. Total time (years) spent in this occupation *Left*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-3-1938*
22. I HEREBY CERTIFY, That I attended deceased from *3:30*, 1938, to *5:30*, 1938
I last saw him alive on *3*, 1938. Death is said to have occurred on the date stated above, at *8:30am*.
The principal cause of death and related causes of importance were as follows:

algebra Infarctus

Date of onset

Other contributory causes of importance: *167-*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Courthaven Mo*

13. NAME *William Hammett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Courthaven Mo*

15. MAIDEN NAME *Marisa Coleman*

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

17. INFORMANT (ADDRESS) *Paul Ben Pillow Courthaven*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wm. Gunniff's cemetery* DATE *3-4-38*

19. FUNERAL DIRECTOR (ADDRESS) *Wm. Gunniff Courthaven Mo*

20. FILED *March 19, 1938* *Ada Martin* Local Registrar. *585*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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) *Ada Martin* M. D.
(Address) *Courthaven 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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)