REC'D JUL 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Holt
Township Forest
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 370
Primary Registration District No. 2516

File No. 21978
Registered No. 5

2. FULL NAME Isaac P. Pilkington 425

(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 38 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy Bratton Pilkington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3, 1852

7. AGE: 86 YEARS, 2 MONTHS, 5 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen. Farming
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): Sidney, Iowa 1

FATHER
13. NAME: Levi Pilkington 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Jake Pilkington, Forest City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Cy. Mo. DATE June 9, 38 19

19. UNDERTAKER (ADDRESS): Lester Pettijohn, Oregon, Mo.

20. FILED June 9, 1938 F E Bullock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1938 19

22. I HEREBY CERTIFY That I attended deceased from June 13, 1937, to June 8, 1938
I last saw him alive on June 7, 1938 Death is said to have occurred on the date stated above, at 2:00A m.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: 5 yr ago

93C

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) F E Hogan, M. D.
(Address) Mound City Mo

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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.