

DEPT AUG 23 1938

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

24651
Do not use this space.

1. PLACE OF DEATH
 (a) County Bates Registration District No. 50
 (b) Township Buller Primary Registration District No. 3004 Registered No. 51
 (c) City Buller (d) Street No. _____ St. _____
 (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.

2. PRINT FULL NAME John M. Pilant 11 5 38
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Pilant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. carpenter

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Thos. J. Pilant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Lena Turpin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs J. M. Pilant Buller, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berster Mo DATE July 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. R. Luckey
Wheeler, Mo.

20. FILED July 25, 1938 Thos M. Pilant
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1938, to July 23, 1938
 I last saw him alive on July 23, 1938. Death is said to have occurred on the date stated above, at 11 A m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris
 Date of onset 121

Other contributory causes of importance:
Chronic nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Can 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. R. Luckey, M. D.
Buller, Mo. (Address)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Joe Luckey, or by

Registered Apprentice No., working under my personal supervision.

Signed

Joe Luckey

Licensed Embalmer No. *2982*

P. O. Address *Wheatland*

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.)

If this body is not embalmed, above space should be left blank.