

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D JUN 16 1938

17874

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3018
 (c) City Fulton (d) Street No. 124 St.
 (e) Length of residence in city or town where death occurred 13 yrs. 6 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. McGirk, Mo. St. Mo.
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1880
 7. AGE YEARS 57 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Moniteau Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME J. Henry Pilgram
 14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Therese Wischeke
 16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT Hosp. Records (ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE MS Bldg Mo. DATE 5/20 1938

19. FUNERAL DIRECTOR (NAME) William T. Friedman (ADDRESS) California Mo.

20. FILED May 19, 1938 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to May 19, 1938

I last saw him alive on May 19, 1938. Death is said to have occurred on the date stated above, at — m.

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

Cerebral Hemorrhage Date of onset 5/19/38
with Right Hemiplegia

Other contributory causes of importance: 8221
Epilepsy O.K.

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?
 If so, specify —
 (Signed) Jos. R. Muehney, M. D.
 (Address) Fulton, Mo.

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,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.