

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

Do not use this space.

12021

N. B.—Every item of information should be carefully supplied. A cause of death in plain terms, so that it may be properly classified. A statement of OCCUPATION is very important. UNWRITING IN PERMANENT INK. WRITE PLAIN.

APR 30 1929

COUNTY St. Charles
 TOWNSHIP Galbary
 CITY Wentzville (No.) St. Ward)

REGISTRATION DISTRICT NO. 759
 PRIMARY REGISTRATION DISTRICT NO. 6000

FILE NO.
 REGISTERED NO. 4

2. FULL NAME Henry Pilgrim
 (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 21 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) Widowed
 5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF Louise Pilgrim (or) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 | 1 | 1

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Roamer
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles, Mo.
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Don't know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Kiser
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boonville
 (STATE OR COUNTRY) Mo.

14. INFORMANT H. G. Pilgrim, Jr.
 (Address) Wentzville Mo.

15. FILED 3-15, 1929. F. D. Mulvan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-18-1929
 17. I HEREBY CERTIFY, That I attended deceased from 3-10-1929, to 3-13-1929
 that I last saw him alive on 3-13-1929, and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess of liver
31 (duration) yrs. mos. ds.
 CONTRIBUTORY 2 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
 (Signed) F. D. Mulvan, M. D.
3-15-1929 (Address) New melle mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wentzville Mo DATE OF BURIAL March 15 1929

20. UNDERTAKER H. G. Pilgrim ADDRESS Wentzville

79707

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County St. Charles Registration District No. 739 File No. _____
 Township Callaway Primary Registration District No. 6000 Registered No. 4
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Henry Belgium
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
	IF LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	
14. INFORMANT _____ (Address)		
15. FILED <u>5-17-29</u> <u>W. M. Nelson</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/13 1929

17. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
abscess to liver
Tubercular
 (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) _____, M. D.
 _____, 19____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19____
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY 368

WRITE PLAINLY, WITHOUT UNFADING INK---THIS IS A PERMANENT RECORD

R. B.—Every item of information should be carefully supplied. (C.E. should be stated EXACTLY. PH. should be stated EXACTLY. ANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex. : statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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