

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howell

Registration District No. 384

File No. 12088

Township _____

Primary Registration District No. 4227

Registered No. _____

City West Plains, Mo. (No. _____)

St. _____ Ward _____

2. FULL NAME Alfred Sawyer Pillsbury

(a) Residence, No. Heinrich Apts. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 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 (OR) WIFE OF

Leffie Lucile Haley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1854

7. AGE

82

YEARS

4

17

MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

None

9. Industry or business in which work was done, as silk mill, 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) Macomb, Ill.
(STATE OR COUNTRY)

13. NAME Ithamar Pillsbury

14. BIRTHPLACE (CITY OR TOWN) Draout, Mass.
(STATE OR COUNTRY)

15. MAIDEN NAME Eliz. Caroline Miller

16. BIRTHPLACE (CITY OR TOWN) Smithtown Long Island
(STATE OR COUNTRY)

17. INFORMANT Lucile Pillsbury
(ADDRESS) West Plains, Mo.

18. BURIAL ~~CHURCH~~ Mackey Cem.
PLACE Pomona, Mo. DATE Mar. 21, 37

19. UNDERTAKER Kal Thompson
(ADDRESS) West Plains, Mo.

20. FILED 3-20 1937 Vida M. SIMONS
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1935, to March 19, 1937

I last saw him alive on March 15, 1937. Death is said

to have occurred on the date stated above, at 9 1/2 a. m.
The principal cause of death and related causes of importance were as follows:

Esophageal diverticulum +
obstruction

Date of onset Jan. 1937

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam. X-ray 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? Yes
If so, specify _____

(Signed) E. G. Bohrer, M. D.
(Address) West Plains, 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.

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