SEP 17 1937

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

Do not use this space.

30730

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield (No. Springfield Baptist Hospital St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No. 691
Registered No.

2. FULL NAME: Clarence Dayton Pilkington
(a) Residence, No. St., Ward. Everton Mo
(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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 19-1860

7. AGE: Years 77 Months 6 Days 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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) (STATE OR COUNTRY): unknown

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

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

17. INFORMANT (ADDRESS): Sam Pilkington, Ft Scott Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Daughtrey Cem DATE: 9-2-1937 So Greenfield, Mo

19. UNDERTAKER (ADDRESS): Fuqua-Cox-Harrison, Greenfield, Mo

20. FILED: Sept 1, 1937 Chas A. George MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937, to Aug 31, 1937
I last saw him alive on Aug 31, 1937. Death is said to have occurred on the date stated above, at 10:42 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
uremia	
hypertrophy prostate	

Other contributory causes of importance: 137
Ags.

Name of operation: Prostatectomy Date of Aug 28 37
What test confirmed diagnosis? Was there an autopsy?

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) E. Rodney, M. D.
(Address) Springfield 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.