

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.

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

Do not use this space.

FEB 18 1935

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1. PLACE OF DEATH

County Barry Registration District No. 29 File No. \_\_\_\_\_  
Township Flat Creek Primary Registration District No. 5038 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Billy Gene Pilant

(a) Residence, No. R. F. D. 2, \_\_\_\_\_ St., \_\_\_\_\_ Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 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) Jan. 3, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Barry County  
(STATE OR COUNTRY) Missouri

13. NAME Aubrey A. Pilant

14. BIRTHPLACE (CITY OR TOWN) Barry County  
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Virgie E. Eddie

16. BIRTHPLACE (CITY OR TOWN) Barry County  
(STATE OR COUNTRY) Mo.

17. INFORMANT Aubrey Pilant  
(ADDRESS) Cassville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sparks DATE 1-25- 1935

19. UNDERTAKER Koon Funeral Home  
(ADDRESS) Cassville Mo.

20. FILED 1-25 1935 Geo W. Newman  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1935 to Jan 24 1935  
I first saw him alive on Jan 25 1935 Death is said to have occurred on the date stated above, at 4:30 P.M.  
The principal cause of death and related causes of importance were as follows:

enteritis  
HAW  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Glenn H. Dwyer, M. D.  
Cassville, Mo.  
(Address) \_\_\_\_\_

