

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

40290

1 PLACE OF DEATH

County Stoddard
Township Liberty
or
Village
or
City..... (NO St.; Ward)

Registration District No. 836
Primary Registration District No. 6098A

File No.
Registered No. 64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles A. Pirston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Feb. 14 1893
(Month) (Day) (Year)

7 AGE 23 yrs 9 mos 9 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work farmer
(b) General nature of industry business or establishment in which employed (or employer) x

9 BIRTHPLACE (City or town, State or foreign country) Thompsonville, Ill.

PARENTS
10 NAME OF FATHER John Pirston
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee
12 MAIDEN NAME OF MOTHER Nancy Avery
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Illinois

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lawrence Smothers
(Address) Berme: mo

15 Filed 11/24 1917 J. F. Riddle
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 23 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov. 20 1917 to Nov 20 1917 that I last saw him alive on Nov. 20 1917 and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:
Acute valvular insufficiency

CONTRIBUTORY (Secondary) Rheumatism
(Duration) 10 yrs. 4 mos. 4 ds.
(Signed) H. Callen M. D.
11/24 1917 (Address) Berme: mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted if not at place of death?
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL lancastr cemetery DATE OF BURIAL 11/24 1917

20 UNDERTAKER M. L. Hadley ADDRESS Berme: 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.