

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

PLACE OF DEATH  
County Knex  
Township Shelton  
or  
Village  
or  
City

Registration District No. 1029 File No. 145111  
Primary Registration District No. 5602 Registered No. 14  
City (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Fomkins B Pinkston

PERSONAL AND STATISTICAL PARTICULARS

5 MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OF RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single  
DATE OF BIRTH Sept 28, 1886  
(Month) (Day) (Year)

DATE OF DEATH Aug 2, 1915  
(Month) (Day) (Year)

AGE 68 yrs. 10 mos. 2 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

HEREBY CERTIFY, that I attended deceased from July 27, 1915, to Aug 1, 1915, that I last saw him alive on Aug 1, 1915, and that death occurred, on the date stated above, at 79 m.

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

The CAUSE OF DEATH\* was as follows:  
Ribic acid Poisoning  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Leas Mo

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

PARENTS NAME OF FATHER Wilson Pinkston BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn  
MAIDEN NAME OF MOTHER Malinda Beckett BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

(Signed) D G Howerton M. D. (Address) Hurdland  
1915

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Abagil Vannable  
(ADDRESS) Hurdland

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 \_\_\_\_\_

Filled Aug 2, 1915 D G Howerton REGISTRAR

PLACE OF BURIAL OR REMOVAL Lansbury Cem DATE OF BURIAL Aug 3, 1915  
UNDERTAKER Casley ADDRESS Brashear

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.

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. REGISTRATION should be carefully supplied.

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

1 PLACE OF DEATH  
 County Shelton  
 Township Shelton  
 Village Shelton  
 City Shelton (NO. 1079 St. 5602 Ward 16)

REGISTRARS SHALL NOT RECEIVE  
 A FEE FOR CERTIFICATES UNTIL THEY  
 ARE COMPLETED AS PRESCRIBED BY  
 LAW

Registration District No. 1079 File No. 16  
 Primary Registration District No. 5602 Registered No. 16

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

2 FULL NAME Tomkins B. Punkston

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>N</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>S</u> (Write the word)	16 DATE OF DEATH <u>Aug. 2</u> 191 <u>5</u> (Month) (Day) (Year)	
6 DATE OF BIRTH (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from 191 to 191 that I last saw him on _____ 191 and that death occurred, on the _____ and above, at _____ m.	
7 AGE yrs. mos. ds.		If LESS than 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows: <u>Uric Acid Poisoning</u> <u>caused by the retention of uric acid from enlarged Prostate gland</u> (Duration) yrs. mos. ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employee)			CONTRIBUTORY <u>Prostatitis</u> (Secondary) (Duration) yrs. mos. ds.	
9 BIRTHPLACE (City or town, State or foreign country)			(Signed) <u>D. G. Horner</u> M. D. <u>Aug. 2, 1915</u> (Address) <u>Hurdland, Mo.</u>	
PARENTS	10 NAME OF FATHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)	
	12 MAIDEN NAME OF MOTHER		At place of death _____ mos. ds. In the State _____ yrs. mos. ds.	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)		Where was disease contracted if not at place of death _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____			Former or usual residence _____	
15 Filed <u>Aug 3</u> 191 <u>5</u> <u>D. G. Horner</u> Registrar			19 PLACE OF BURIAL OR REMOVAL <u>Lansberry</u> DATE OF BURIAL _____ 191 <u>5</u> 20 UNDERTAKER <u>Easy</u> ADDRESS _____	

SUPPLEMENTARY INFORMATION SUPPLIED

Original file, date AUG - 1915, 1915

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

25111

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