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

Do not use this space.

9292

File No. 
Registered No. 

1. PLACE OF DEATH
County Jackson  Registration District No.
Township Kaw  Primary Registration District No.
City Kansas City (No. 538 Prospect St. Ward)

2. FULL NAME Fred Kallen Pinkston

(a) Residence. No. 538 Prospect St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Pinkston (deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29 - 1875

7. AGE: Years 52 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Pharmacist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Thos. Clarkin

9. BIRTHPLACE (CITY OR TOWN) Ft. Scott (STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Joseph Wesley Pinkston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Cipple (Juniata)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Juniata Rose
(Address) 538 Prospect KC Mo.

15. FILED 3-31-1928 M M Crowe asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1927, to March 29 1928, that I last saw h... alive on March 29 1928, and that death occurred, on the date stated above, at 2:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage (Pulmonal artery)
4513
4538
1030
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Tongue
(duration) yrs. 5 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Kansas city Mo?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Harry W. Dugan, M. D.
3/31, 1928 (Address) 1411 Prospect

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Louis Mo. | DATE OF BURIAL 3/01 1928

20. UNDERTAKER R W Lindsey & Sons | ADDRESS City

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.

THIS IS A PERMANENT RECORD