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

Do not use this space.

5399

1. PLACE OF DEATH Bartox
County ~~Crawford~~
Township Nashville
City Nashville (No. ..... St. ..... Ward)

Registration District No. 46
Primary Registration District No. 5069

File No. .....
Registered No. 4

2. FULL NAME Francis E. ~~Pingrees~~ Pingree.
(a) Residence. No. ..... St., ... Ward. .....
(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~~ Eleanor Pingrees

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-27, 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	9	20	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Francis Pingrees
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New Hampshire
12. MAIDEN NAME OF MOTHER Patchin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Ablaumber

14. INFORMANT Eleanor Pingrees
(Address) Nashville Mo

15. FILED 2/17, 1929 Gladys Overman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-10, 1929, to 2-14, 1929 that I last saw him alive on 2-14, 1929 and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Disease 92A
95B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTOR (SECONDARY) Mitral Regurgation
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. A. McKelvey, M.D.
, 19 (Address) Asbury Mo

*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 Nashville Mo
DATE OF BURIAL 2-18 1929

20. UNDERTAKER W E Ellsworth
ADDRESS Pillsburg

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.

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