

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

Do not use this space.
A Hill
21370

48
25
1929

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5564
 City Independence (No. _____) St. _____ Ward _____

2. FULL NAME Rebecca Adaline Pinkard
 (a) Residence No. 1506 Maywood Ave St. _____ Ward Independence Mo
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **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 Reynona Pinkard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>96</u>	<u>2</u>	<u>-</u>	

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1, 1929

17. I HEREBY CERTIFY That I attended deceased from Mar 31, 1929 to May 31, 1929 that I last saw her alive on May 31, 1929 and that death occurred, on the date stated above, at 2:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
169

CONTRIBUTORY (SECONDARY) Inability to take food
 (duration) _____ yrs. _____ mos. _____ ds.

(duration) _____ yrs. _____ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. N. Hill, M.D.
6/1, 1929 (Address) 1103 1/2 Wimper Rd Independence Mo

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

9. BIRTHPLACE (CITY OR TOWN) Salem
 (STATE OR COUNTRY) North Carolina

10. NAME OF FATHER H. W. Burgess

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salem
 (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Mayant Wickles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Couthern
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs. W. J. Newkirk
 (Address) 1506 Maywood Ave

15. FILED 6-3-29 F. L. Cook
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wood Laron **DATE OF BURIAL** June 5 1929

20. UNDERTAKER Att. McChett **ADDRESS** Ind. Mo

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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2
2
31

