WRITE PLAINLY, 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 [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

27
2
4

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

Do not use this space. 36704

1. PLACE OF DEATH

County Cooper. Registration District No. 218 File No.

Township Primary Registration District No. 3015 Registered No. 126

City Boonville (No. St. Ward)

2. FULL NAME Infant of Henry Pinket.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Black	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19"/1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
			1	

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

9. BIRTHPLACE (CITY OR TOWN) Boonville Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Pinket.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Cooper Co. Mo.

12. MAIDEN NAME OF MOTHER Nellie Boles.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Cooper Co. Mo.

14. INFORMANT Henry Pinket,
(Address) Boonville Mo.

15. FILED Nov 21 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1929, to Nov 20, 1929 that I last saw him alive on Nov. 20, 1929, and that death occurred, on the date stated above, at 3 20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pre natal deficiency
158
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Low vitality of Mother
(duration) yrs. mos. ds.

160

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinically

(Signed) M. S. McGuire, M. D.
11/21, 1929 (Address) Boonville 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	DATE OF BURIAL
City Cemetery	11/21 - 1929
20. UNDERTAKER	**ADDRESS**
Goodman & Boller	Boonville Mo