

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
 Township Benton Primary Registration District No. 5005
 City Kirkville (No. _____) St. _____ Ward _____

File No. 7234
 Registered No. 50

2. FULL NAME Willard Pinkerton

(a) Residence, No. Kirkville R.F.D. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elva Pinkerton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-19-1857</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>00</u>
	DAYS <u>00</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Joe. Pinkerton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>J. D. Pinkerton Kirkville R.F.D. # 6</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prugh, near Kirkville</u> DATE <u>3-23-</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Dee Riley Kirkville Mo</u>		
20. FILED <u>3/22</u> 19 <u>32</u> <u>E. Becker</u> Deputy Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19 - _____, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1932 to Mar 22 1932
 I last saw him alive on Mar 15, 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Mar. 10 - 1932
Infantile old age
Complication of lungs
 Other contributory causes of importance: III B
III B
III B
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. 5

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. G. Hulse, M.D.
 (Address) Kirkville Mo

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.

APR 23 1932

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

ALB. J. B. B. B. B. B.