

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

Do not use this space.

1. PLACE OF DEATH

112 County Worth Registration District No. 903
Township Smith Primary Registration District No. 6411
City Allenalemo (No. _____) St. _____ Ward _____

File No. 25238
Registered No. 13

2. FULL NAME

William Lee Pinkerton
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Pinkerton
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1857 March 3
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 27

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)

Bloomington
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) East St. Louis
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) East St. Louis
(STATE OR COUNTRY) unknown

14. INFORMANT Mr. William Pinkerton
(Address) Allenalemo Mo

15. FILED 7/27 1932 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 - 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to July 26, 1932
that I last saw him alive on July 29, 1932 and that death occurred, on the date stated above, at _____ in _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Organic heart disease
(Initial) WVA
1153

CONTRIBUTORY (SECONDARY)

infection from
leth (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 901 ①

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. Phipps, M. D.

Aug 8 1932 (Address) Grant City 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 First Cemetery DATE OF BURIAL July 26 1932

20. UNDERTAKER Andrews ADDRESS Grant City 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.

AUG 27 1932

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

