

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

Do not use this space.

28373

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township Salt River Primary Registration District No. 5001
 City Brashear (No. _____) St. _____ Ward _____

2. FULL NAME Miss Emily Jane Pinkston
 (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16" 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>89</u>	<u>8</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Kent Co. Mo.

13. NAME Jno Mangrove

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ja 2

15. MAIDEN NAME Susan Bndett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ja

17. INFORMANT Mrs Calvina Pool
 (ADDRESS) Brashear, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wt Labor DATE Sept 5 1932

19. UNDERTAKER F. R. Easley
 (ADDRESS) Brashear, Mo.

20. FILED Sep 10 1932 Mrs C. W. Becker
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4" 1932

22. I HEREBY CERTIFY, (That I attended deceased from Sept. 24, 1930 to Sept. 4, 1932)
 I last saw him alive on July 15, 1932. Death is said to have occurred on the date stated above, at 4 A. M.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis. Date of onset _____

Other contributory causes of importance: 131 131 (1)

23. If death was due to external causes (violence), fill in also the following:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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. _____

Manner of injury _____
 Nature of injury _____

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

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 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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