

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

Do not use this space.

28916

1. PLACE OF DEATH

County Douglas Registration District No. 288
 Township Independence Primary Registration District No. 4172
 City Kennett (No. _____) St. _____ Ward _____

2. FULL NAME

Anna Mathews Pinkley
 (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 7 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 Joe Pinkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
67 7 _____

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

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) Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT W. Curry (ADDRESS) Living

18. BURIAL, CREMATION, OR REMOVAL PLACE Dyersburg DATE 9/22 1932

19. UNDERTAKER W. Curry & Sons (ADDRESS) Erstling

20. FILED Sept 21 1932 Registrar W. H. ...

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932, to Sept 21, 1932

I last saw her alive on Sept 21, 1932 Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary Date of onset 1930
22 1/2 2 1/2
30 2 1/2

Other contributory causes of importance:

Malaria

Name of operation _____ 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.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) George J. ... M.D.

(Address) ...

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.

THIS IS A CONTINUING RECORD

667 25 1932

