

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

Do not use this space.

40870

**1. PLACE OF DEATH**

73 County Newton Registration District No. 1046  
 Township Shoal Creek Primary Registration District No. 5870  
 City Greenwood St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alice Malinda Jinton  
 (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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 6 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 235

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) Iowa

13. NAME Wm Shelley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Sarah Clallen

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

17. INFORMANT Tom W. Jinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Summer DATE 12-5-32

19. UNDERTAKER Northwood

20. FILED 12/3 1932 J. J. Shuman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932 to Dec 2, 1932  
 I last saw her alive on Dec 2, 1932. Death is said to have occurred on the date stated above, at 7:10 m.

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

Carcinoma of the Liver  
 Other contributory causes of importance: 466

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. U

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify Phyllis M. Baskley

(Signed) \_\_\_\_\_ M. D.

(Address) Jupiter, Fla

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 28 1932

RECORDING THIS IS A PERMANENT RECORD

