

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

Do not use this space.

1504

1. PLACE OF DEATH

County Jackson Registration District No. 27 File No. _____
 Township East Primary Registration District No. 10 Registered No. 487
 City Kansas City (No. St. Lukes Hospital) St. _____ Ward _____

2. FULL NAME William H. Pinney

(a) Residence, No. Bowen St. 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah F.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 20 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Mo.

FATHER 13. NAME Wilo E. Pinney

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

MOTHER 15. MAIDEN NAME Wm. Skinner

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

17. INFORMANT W. S. Pinney
 (ADDRESS) Bowen St. - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowen St. Mo. DATE Jan - 31 - 1934

19. UNDERTAKER W. W. Newcomb's Sons
 (ADDRESS) Kansas City - Mo.

20. FILED Jan 31 1934 M. M. Brown
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 31 - 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1934, to Jan 31, 1934

I last saw him alive on Jan 31, 1934. Death is said to have occurred on the date stated above, at 5:50 pm.

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

Arteriosclerosis - generalized Date of onset 1923
Arterial hypertension 1923
1241
931
1240
 Other contributory causes of importance: Nov 1933
Myocardial failure 1930
Coronary atherosclerosis 1928
Secondary anemia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No
 If so, specify _____

(Signed) P. T. Bohan M.D., M. D.
 (Address) 906 Med. Arts Bldg. K.C. Mo.

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