NOTE: 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.

SEP 23 1936

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

Do not use this space.

30693

1. PLACE OF DEATH
County Henry — Registration District No. 349 — File No.
Township — Primary Registration District No. 4207 — Registered No. 22
City Calhoun Mo (No. , St. Ward)

2. FULL NAME Ada Etter Pinkston
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 70 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W Pinkston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1859
7. AGE YEARS 77 MONTHS 2 DAYS 29 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Tom Wiggington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Brilla Swindell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio State

17. INFORMANT (ADDRESS) Bruce Pinkston Calhoun Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun DATE Aug 13 1936
19. UNDERTAKER (ADDRESS) V. A. Housers Calhoun Mo
20. FILED Aug-14- 1936 Mrs. A. A. Gray, Registrar. By Edith J. Simpson Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12" 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 2" 1936, to Aug 12" 1936
I last saw her alive on Aug 11 1936 Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism	1925
[illegible]	

Other contributory causes of importance: Valvular Heart Trouble

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

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) D. A. Pallard, M. D.
(Address) Calhoun Mo.