

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

Do not use this space.

OCT 20 1936

33696

1. PLACE OF DEATH
 County BUCHANAN Registration District No. 85
 Township WASHINGTON Primary Registration District No. 1001
 City ST. JOSEPH MO. (No. ST. JOSEPH, HOSPITAL) St. _____ Ward _____

File No. _____
 Registered No. 1465

2. FULL NAME MRS. VIOLA PINKSTON;
 (a) Residence, No. 2508 So. 17th St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 10 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOW OF SHELburn PINKSTON

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1936 to Sept 10 1936
 I last saw her alive on Sept 10 1936 Death is said to have occurred on the date stated above, at 10:15 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 10, 1867
 7. AGE YEARS 69 MONTHS 5 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:
Myocardial (chronic)

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 _____

Other contributory causes of importance: _____
 Date of onset ?

12. BIRTHPLACE (CITY OR TOWN) GRAYSVILLE, INDIANA
 (STATE OR COUNTRY)

FATHER 13. NAME CHRISTOPHER VAIL

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

MOTHER 15. MAIDEN NAME CATHERINE TEEGARDEN

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

17. INFORMANT D.M. PINKSTON, SON
 (ADDRESS) ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE CARTERVILLE, MO. DATE SEPT. 13, 1936

19. UNDERTAKER FLEEMAN & SON, INC.
 (ADDRESS) 1946 COLHOUN, ST. JOSEPH, MO.

20. FILED Sept. 12 1936 A. J. Mittlebach
 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) M. Callahan _____, M. D.
 (Address) St. Joseph Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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