APR 20 1937

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

Do not use this space.

File No. 12043

Registered No.

1. PLACE OF DEATH
County: Henry — Registration District No. 347
Township: Fields Creek — Primary Registration District No. 5490
City (No. St. Ward)

2. FULL NAME: Still Born of Mr + Mrs P R Pinkston

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Still Born

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. min.
of Mr + Mrs P R Pinkston

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

FATHER
13. NAME: P R Pinkston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co Mo

MOTHER
15. MAIDEN NAME: Francy Hendrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co Mo

17. INFORMANT (ADDRESS): P R Pinkston Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bear Creek DATE: 3/3 1937

19. UNDERTAKER (ADDRESS): Consdus + Peck Clinton Mo

20. FILED: 3-6 1937 J. R. Houghton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1937, to, 19..
I last saw h. alive on, 19.. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn, Cause unknown, fetus macerated

Other contributory causes of importance: None

Name of operation: None 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) S B Houghton, M. D.
(Address) Clinton, Mo.

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.

WRITE PLAINLY WITH INKING INK—THIS IS A PERMANENT RECORD

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