

MAY 27 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16751

1. PLACE OF DEATH

County Moxy
Township Salt River
City Novelty (No. _____)

Registration District No. 446
Primary Registration District No. 4264

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Frank Ellis Pinehart

(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 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Bowen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-15-1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 20

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

13. NAME Stephan Pinehart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Romney Va.

15. MAIDEN NAME Belle Harriett

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

17. INFORMANT (ADDRESS) Mrs. Frank Pinehart Novelty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cuba DATE 5/7 1937

19. UNDERTAKER (ADDRESS) Keith Hudson Edina Mo.

20. FILED 578 1937 Anna M. Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-5-1937

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to May 5, 1937.
I last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Date of onset May 5-37

Other contributory causes of importance: 9381

Name of operation _____ 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) CC Gibson, M. D.
(Address) Novelty Mo.

