

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Holt
 Township Benton
 City (No.)

 Registration District No. 272
 Primary Registration District No. 518

 File No. 41401
 Registered No. 934
 St. Ward)

2. FULL NAME

(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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oris Pinney</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 2nd 1886</u>				
7. AGE	YEARS <u>51</u>	MONTHS <u>1</u>	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Mo.</u>				
FATHER	13. NAME <u>Samuel Pinney</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Fagan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>			
17. INFORMANT <u>Wm Oris Pinney</u> (ADDRESS) <u>Forest City Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Benton</u> DATE <u>11/27</u> 19 <u>37</u>				
19. UNDERTAKER <u>W. Crawford</u> (ADDRESS) <u>Mount City</u>				
20. FILED <u>Nov 26, 1937</u> <u>J. Chaney</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 25</u> 19 <u>37</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>March 1</u> 19 <u>37</u> to <u>Nov 25</u> 19 <u>37</u> I last saw <u>him</u> alive on <u>Nov 24</u> 19 <u>37</u> Death is said to have occurred on the date stated above, at <u>1 P</u> m. The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Stomach</u> Other contributory causes of importance: <u>46</u>	
Name of operation <u>exploratory</u> Date of <u>March 19 37</u>	What test confirmed diagnosis? <u>X ray</u> Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify (Signed) <u>W. Chaney</u> M. D. (Address) <u>Mount City Mo</u>	

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.

