JAN 21 1938

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

Do not use this space.

46232

1. PLACE OF DEATH
County Oregon — Registration District No. 636 — File No.
Township Piney — Primary Registration District No. 5844 — Registration No. 33
75 City (No. Ward)

2. FULL NAME Wm Taylor Pingley
(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 30 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 (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Nancy Lane
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22 1847
7. AGE: YEARS 90 — MONTHS 4 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 26
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoemaker
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): Unknown

FATHER
13. NAME: ✓ 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓ 31

MOTHER
15. MAIDEN NAME: ✓ 31
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

17. INFORMANT (ADDRESS): Mrs. W. T. Pingley Alton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Shiloh DATE 12/14 1937
19. UNDERTAKER (ADDRESS): Leo Carr Thayer Mo
20. FILED 1/7 1938 Enoch Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-12 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	1936

40

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) S. W. Hilton, M. D.
(Address) Alton Mo

Hilton

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.