

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

Do not use this space.

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1. PLACE OF DEATH *Miss*
 County *Iron* Registration District No. *566*
 Township *Ironville* Primary Registration District No. *3030*
 City *Chickasaw* (No.) St. Ward

2. FULL NAME *Jacob Pinkley 652*
 (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.

File No.
 Registered No. *2*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *Cre* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jun 7 1938*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*

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) *Charleston Mo*

13. NAME *Bessie Pinkley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Chickasaw Miss*

15. MAIDEN NAME *Ferdia Williams*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Snow Ark*

17. INFORMANT *Mary Emmannell* (ADDRESS) *Charleston Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *1-8-1938*

19. UNDERTAKER (ADDRESS) *Private*

20. FILED *1-8-1938 J. J. Stroman*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jun 7 1938*

22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19

I last saw h. *Miss Williams*, 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:
Premature Child
7 months Cause unknown
 Date of onset

159

Other contributory causes of importance:
Maternal Influenza

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) *Mary Emmannell*, M. D.
 (Address) *Charleston 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.

Registrar.

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RECEIVED

FEB 26 1938

BUREAU OF VETERINARIANISTICS
MO. STATE BOARD OF HEALTH