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.

REC'D AUG 24 1938

Dr Kelly

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

25337
Do not use this space.

1. PLACE OF DEATH
(a) County Greene
(b) Township
(c) City Springfield Mo
(d) Street No. 1121 State St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

Registration District No. 315
Primary Registration District No. 2001
Registered No. 567

2. PRINT FULL NAME George Dayton Pinkston 59 2
(a) Residence, No. 1121 State St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May I Pinkston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22-1870
7. AGE Years 68 Months 5 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as 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) Potts Camp Miss

FATHER
13. NAME Peter Pinkston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

MOTHER
15. MAIDEN NAME UK Baggett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Bert Pinkston Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE July 22 1938
19. FUNERAL DIRECTOR (NAME) H H Hornsby (ADDRESS) Springfield Mo
20. FILED July 20, 1938 Chas A George Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20- 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-2-1937 to 7-20-1938
I last saw him alive on 7-19-1938. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

Cerebro-Hemorrhage
82 A

Date of onset

Other contributory causes of importance:
Artero-Schlerosis

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? No
If so, specify .....
(Signed) W Kelly, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, M. L. Canaday, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.