

REC'D SEP 16 1938

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

Do not use this space.

28454

1. PLACE OF DEATH

County *Butler*

Township *Paplar Bluff*

City *Paplar Bluff*

Registration District No. *89*

Primary Registration District No. *5131*

File No. *140*

Registered No. *140*

St. _____ Ward _____

2. FULL NAME *Rosa Christina Pinkston*

(a) Residence, No. *So. Paplar Bluff*

Length of residence in city or town where death occurred

yrs. *59*

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 21-1938</i>		
7. AGE	YEARS	MONTHS
	<i>—</i>	<i>—</i>
		DAYS
		<i>13</i>
		If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Paplar Bluff Mo</i>
	13. NAME <i>Jas E. Pinkston</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Dallas Texas</i>
	15. MAIDEN NAME <i>Wazel Johnson</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Alicia Ark</i>

17. INFORMANT *Jas E. Pinkston*
(ADDRESS) *112 Paplar Bluff Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Black Creek* DATE *July 3 1938*

19. UNDERTAKER *H. T. Rhee*
(ADDRESS) *Paplar Bluff Mo*

20. FILED *8/10 1938* *Blutinger* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 3 1938*

22. I HEREBY CERTIFY, That I attended deceased from *6-21-1938* to *7-3-1938*

I last saw her alive on *7-2-1938* Death is said to have occurred on the date stated above, at *12* a. m.

The principal cause of death and related causes of importance were as follows:

Peters Neonatorum

Other contributory causes of importance: _____

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) *H. T. Rhee*, M. D.
(Address) *Paplar Bluff Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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