

REPT. OCT 26 1938

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

33391  
Do not use this space.

1. PLACE OF DEATH 3

(a) County Saline Registration District No. 296

(b) Township Marshall mo Primary Registration District No. 3038 Registered No. 138

(c) City Marshall mo (d) Street No. Mo. State School St.

(e) Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Pinkerton 526

(a) Residence, No. Mo. State School Marshall Mo. (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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1920

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

18 2 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundral care

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) Richmond mo

FATHER 13. NAME Chas T Pinkerton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Way Co mo

MOTHER 15. MAIDEN NAME Fannie Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dates Co mo

17. INFORMANT (ADDRESS) Mo. State School Beard Marshall mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin, mo DATE 9-30-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Levin Campbell Marshall mo

20. FILED 9-30-1938 Mary Kent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1938 to Sept 29, 1938

I last saw her alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Broncho Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 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) W. J. Pope, M. D.

702 (Address) Marshall Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

**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, \_\_\_\_\_

*W. Campbell Jr.*

or by \_\_\_\_\_

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

Signed \_\_\_\_\_

*W. Campbell Jr.*

Licensed Embalmer No. *3468*

P. O. Address *Marshall, W. Va.*

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

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