

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.

1938 OCT 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County Stone
Township Ruth
City Reed's Spring (No. _____)

Registration District No. 845
Primary Registration District No. 6108

File No. 33500
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Infant Pinkley
(a) Residence, No. Reed's Spring St. _____ Ward _____
(Usual place of abode)

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. (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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-38

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Paul Pinkley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taney Co. Mo.

15. MAIDEN NAME Pauline Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taney Co. Mo.

17. INFORMANT Paul Pinkley
(ADDRESS) Reed's Spring Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eisenhower Cem. DATE 9-2-38

19. UNDERTAKER Paul Pinkley (acting)
(ADDRESS) Reed's Spring Mo.

20. FILED 9/2/38 1938 L S Schumole
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Still Born 19 _____

22. I HEREBY CERTIFY, That I attended deceased from 9-2-1938 to 9-2-1938
I last saw h. Stillborn alive on _____ 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/monster
Stillborn
Craniocrachischisis

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) R. C. Parrish, D.O., M.D.
(Address) Reed's Spring, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-241

Date Filed 10/5/38