REC'D DEC 16 1938

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

39767
Do not use this space.

1. PLACE OF DEATH
(a) County Marion
(b) Township Mason
(c) City Hannibal
Registration District No. 5747
Primary Registration District No. 3029
Registered No. 295
(d) Street No. St Elizabeths Hospital
(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.

2. PRINT FULL NAME Lepo Pinkard
(a) Residence, No. 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: Negro
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) Nov 13 1938
7. AGE: Years | Months | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Hannibal Mo.

FATHER
13. NAME James Pinkard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe City Mo

MOTHER
15. MAIDEN NAME Francis B. Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo.

17. INFORMANT James Pinkard
(ADDRESS) Monroe City Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Judes Cemetery DATE Nov 15 1938
Monroe City Mo
19. FUNERAL DIRECTOR (NAME) Wilson & Son
(ADDRESS) Monroe City Mo
20. FILED Nov 15 1938 W. Crusha
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1938, to Nov 14 1938
I last saw him alive on Nov 14 1938 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Premature
7 mos

Other contributory causes of importance:

159

Name of operation Ether 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) J. Pechum, M. D.
(Address) Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

BDM-1.12-38 I X14028

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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.