

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

Do not use this space.

REC'D JUN 24 1939

20000

1. PLACE OF DEATH

County

Taney - 1

Registration District No.

859

Township

Oliver

Primary Registration District No.

6130

City

(No. _____)

St.

Ward

2. FULL NAME

524 John Allan Pinkley

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Julie Thomas Pinkley

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

July 20 1856

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

82

10

6

OCCUPATION

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

Farmer

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

0

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

Taney county mo. 9

13. NAME

Don't know. 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

Don't know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Father Pinkley, Cedar Valley, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Rock White Falls

DATE

5/27

1939

19. UNDERTAKER (ADDRESS)

Whelsh, Funeral Home, Taney county mo

20. FILED

5/27 1939

John A. Baxter Registrar

774

MEDICAL CERTIFICATE OF DEATH

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

May 26 1939

22. I HEREBY CERTIFY, That I attended deceased from

March 12 1939, to May 26 1939

I last saw him alive on May 24 1939. Death is said

to have occurred on the date stated above, at 6:00 a. m.

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

Myocarditis

Date of onset

3/1/39

Other contributory causes of importance:

Serulicity

Name of operation..... Date of.....

What test confirmed diagnosis? None 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. Evans, M. D.

(Address)

Branon 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.

FORM 10-22-36
MAY 1938 I X9314

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1191

Date Filed JUN 7 1939