

Oct 10 1939

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

33423  
Do not use this space.

1. PLACE OF DEATH

(a) County..... St. Francois <sup>3</sup> Registration District No. 773  
(b) Township..... St. Francois <sup>1</sup> Primary Registration District No. 6018A Registered No. 160  
(c) City..... Farmington (d) Street No. State Hospital No. 4 St.  
(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 St. J. Pinkerton

(a) Residence, No. Sikeston, Route 1, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. S. J. Pinkerton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1888

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown  
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) Butler County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Records of State Hospt. #4 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo. DATE 9-28 1939

19. FUNERAL DIRECTOR (NAME) A. W. Welch (ADDRESS) Sikeston, Mo.

20. FILED Sept 28 1939 V. B. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28 19 39

22. I HEREBY CERTIFY, That I attended deceased from 10-6 19 38 to 9-28 19 39

I last saw him alive on 9-28 19 39 Death is said to have occurred on the date stated above, at 11:30 P.

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

General paralysis (Paras) <sup>Del of base</sup> 1 type  
g g

Other contributory causes of importance:

Syphilitic (Heart Disease? aphi at (Aphi). General Arterio Sclerosis - Chronic Nephritis

Name of operation no Date of no  
What test confirmed diagnosis? Clin. & Lab 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? no (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 no  
(Signed) W. G. Tivis Graves, Jr. M. D.  
Farmington, Mo.

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.

1 X16405

94

**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

*Harry J. Howard*

Licensed Embalmer No.

*3704*

P. O. Address

*Leicester Mo*

**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.**