

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

39102
 Do not use this space.

DEC 11 1939

1. PLACE OF DEATH 3

(a) County Buchanan Registration District No. 85

(b) Township 1 Primary Registration District No. 1001 Registered No. 1236

(c) City St. Joseph, Mo. (d) Street No. State Hospital No. 2 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 10 yrs. 0 mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Unknown

2. PRINT FULL NAME 530 Matilda Pinto (Tinto)

(a) Residence, No. State Hospital No. 2, St. Joseph, Mo. Jackson Co. Mo.
 (Usual place of abode, if no street address, write county or city) (If not resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 years --- --- ---

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) Mexico 3

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

15. MAIDEN NAME Unknown

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

17. INFORMANT State Hospital Records
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE School of Osteopathy DATE 11/27/39

19. FUNERAL DIRECTOR (NAME) Summers & Sons
 (ADDRESS) Northville, Mo.

20. FILED 12/4 1939 A. J. Nestlebaum
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1939 to 11-24, 1939
 I last saw h. ex alive on 11-23, 1939. Death is said to have occurred on the date stated above, at 10³⁰ a. m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset ?

J J

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease of injury in any way related to occupation of deceased? No
 If so, specify

(Signed) Sam Wilken, M. D.
 (Address) State Hosp. No. 2, St. Joseph, 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.

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

E. J. Whiteaker

, Registered Apprentice No. *no*

working under my personal supervision.

Signed

W. C. Summer

Licensed Embalmer No.

2159

P. O. Address

Tricksville, 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.