

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

11910
Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 640
 (b) Township Crawford Primary Registration District No. 5849 Registered No. 6
 (c) City _____ (d) Street No. _____ 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

530 August Pinet 2
 (a) Residence, No. Linn 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Lumber
 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) Linn mo

FATHER 13. NAME Charles Pinet
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
 MOTHER 15. MAIDEN NAME Henriette Velt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Udace Torancey Europe
 17. INFORMANT (ADDRESS) Robert H. Pinet
 18. BURIAL, CREMATION, OR REMOVAL PLACE Linn mo DATE March 3, 1940
 19. FUNERAL DIRECTOR (ADDRESS) Morton Funeral Home Linn mo
 20. FILED 3-2 1940 Mrs Doris Velt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-1940
 22. I HEREBY CERTIFY, That I attended deceased from 3-1-1940 to March 1, 1940
 I last saw him alive on 2-29-1940. Death is said to have occurred on the date stated above, at 4 p.m.
 The principal cause of death and related causes of importance were as follows:

Spinal Sclerosis
 Date of onset _____
 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) J. F. Jones, M. D.
571 (Address) Linn 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.

STATEMENT BY LICENSED EMBALMER

I, Vernon M. Morton, Licensed Embalmer No. 4125

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Vernon M. Morton

Licensed Embalmer No. 4125

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.)