

FILED APR 15 1941

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

Do not use this space.

9861

1. PLACE OF DEATH

County *Jackson*
Township *Kaw*
City *Kansas city*

Registration District No. *399*
Primary Registration District No. *1007*
(No. *St. Marys Hosp.*)

File No. *1270*
Registered No. *999*
St. *14* Ward *D*

2. FULL NAME

(a) Residence, No. *Gardner Kansas* St. _____ Ward. _____

Gardner, Kansas
(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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June-16-1890*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 9 14

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. *own farm*

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) *miami station mo.*

13. NAME *Edward M Pinney*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *memphis mo.*

15. MAIDEN NAME *Mary E Haney*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *miami station mo.*

17. INFORMANT (ADDRESS) *Mary E Pinney Gardner, Kansas*

18. BURIAL, CREMATION, OR REMOVAL *Carrollton Mo* DATE *4-2-41*

19. UNDERTAKER (ADDRESS) *H. C. Patterson Gardner, Kansas*

20. FILED *Apr 31* 19 *41* *M. M. Crowe* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 30 1941*

22. I HEREBY CERTIFY, That I attended deceased from *3-5-41*, 19____, to *3-30-41*, 19____.

I last saw him alive on *3-30-41*, 19____. Death is said

to have occurred on the date stated above, at *9:00 P.M.*

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

Brain Tumor, right temporal. Date of onset _____

Character unknown. *175*

Other contributory causes of importance: *57A*

Character unknown.

Name of operation *No Operation* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

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) *C. W. Jones* M. D.

(Address) *Alaska Kas*

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.

