

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

Do not use this space.

1668

1. PLACE OF DEATH

5-8 County St. Louis
2 Township Brown
3 City Brown (No. 1)

Registration District No. 497
Primary Registration District No. 4300

File No. 1
Registered No. 1
St. 1 Ward 1

2. FULL NAME

(a) Residence. No. 1 St. 1 Ward 1
(Usual place of abode)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10 1898

7. AGE YEARS 33 MONTHS 11 DAYS 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) Mo.

10. NAME OF FATHER W. L. Magarity
11. BIRTHPLACE OF FATHER (CITY OR TOWN) London (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER William D. Dure
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Proby Co. (STATE OR COUNTRY) Ohio

14. INFORMANT Raymond P. Pinos (Address) Brown

15. FILED 1/28 1932 Mrs. Elsie Alspach REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1932 to Jan 16 1932 that I last saw him alive on Jan 16 1932, and that death occurred, on the date stated above, at 7:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Indurated Angina
115 B (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Diphtheria (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED 1 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Microscopical
(Signed) W. H. Haining M. D.

1/16 1932 (Address) Brown

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL London DATE OF BURIAL 1-17-1932

20. UNDERTAKER K. W. Haining ADDRESS Brown

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. FEB 24 1932

