

APR 24 1936

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

Do not use this space.

12205

## 1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFSally Porton  
Rose Pinkston

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

Nov 29, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

OCCUPATION

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Teamster

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Plattin  
Jefferson Co., Missouri

13. NAME

Jule Frazier

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Plattin  
Jefferson Co., Missouri

15. MAIDEN NAME

Jane Porter

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Plattin  
Jefferson Co., Missouri17. INFORMANT  
(ADDRESS)S. P. Frazier  
Plattin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Aubrey Chapel DATE March 13, 1936

19. UNDERTAKER  
(ADDRESS)Corkan  
Farmington, Mo.

20. FILED

4-9-36 W. P. Blackworth  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from  
July 1, 1936 to May 11, 1936

I last saw him alive on July 1, 1936. Death is said

to have occurred on the date stated above, at 3 P. M.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation Phrenic Date of

What test confirmed diagnosis? 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? (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) H. P. Libby, M. D.

(Address) Jefferson Mo  
Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

