

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.

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

*Anderson*  
Do not use this space.  
15024  
File No. ....  
Registered No. *33* .....

1. PLACE OF DEATH

County Iron Registration District No. 391  
Township Wanted Primary Registration District No. 4230  
City Ironton (No. ...., ..... St. .... Ward)

2. FULL NAME William Pinkley.

(a) Residence, No. Ironton Mo. St. .... Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>///////</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18 1855</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>4</u>	DAYS <u>9</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, 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) Missouri.

MOTHER FATHER  
13. NAME Jesse Pinkley.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER FATHER  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT D. A. Middleton.  
(ADDRESS) Ironton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funger Mo. DATE 4-29-36. 19.

19. UNDERTAKER Norman White & Son  
(ADDRESS) Ironton Mo.

20. FILED Apr 29 1936 Pa. B. B. B.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 21 1936 to April 27 1936  
I last saw him alive on April 26 1936 Death is said to have occurred on the date stated above, at 4.0 m.

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

Arteriosclerosis  
Decompensation of Heart  
Date of onset Jan 36

Other contributory causes of importance:

Name of operation ASB 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? no  
If so, specify no  
(Signed) W. G. Anderson, M. D.  
(Address) Ironton, Mo.

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