

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

Do not use this space.

26688

1. PLACE OF DEATH

59 County Livingston
1 Township Lehillicothe
1 City Lehillicothe (No.)

Registration District No. 508
Primary Registration District No. 3026

File No.
Registered No. 97
St. Ward)

2. FULL NAME Katherine Pinkley

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-28-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 24

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY) 2

12. MAIDEN NAME OF MOTHER Jennie Hale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT Mr. Bertha Wells
(Address) Chicago Ill

15. FILED Aug 24 1932 P. Barney
REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22- 1932

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to Aug. 22, 1932 that I last saw her alive on Aug. 21, 1932, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fatty degeneration of the heart

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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? Physical examination
(Signed) H. H. Hall M. D.

, 19 (Address) Lehillicothe - Mo.

*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 Edgewood Cemetery DATE OF BURIAL Aug 24 1932

20. UNDERTAKER Jas D London ADDRESS Lehillicothe Mo

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.

