

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

Do not use this space.

1. PLACE OF DEATH

82 County Pike Registration District No. 683 File No. 41085
 Township Ashley Primary Registration District No. 5911 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John Pinta
 (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 <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>not known</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1857 XX</u>		
7. AGE YEARS <u>about 75</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) <u>unknown 31</u>		
13. NAME <u>not known</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11</u>		
15. MAIDEN NAME <u>11</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11</u>		
17. INFORMANT (ADDRESS) <u>Frank Nester, Ashley, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>County Farm</u> DATE <u>12-4-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Nester, Ashley, Mo.</u>		
20. FILED <u>12-3-1932</u> <u>R. W. Hetherington</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1-1932, to 12-3-1932.

I last saw him alive on 12-2-1932 Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Ch. Inters. Hepatitis

Other contributory causes of importance: _____

Name of operation _____ 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 _____
 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) J. H. Wilcoxen M. D.
 (Address) Bowling Green 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.

