

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Flat River (No.)

Registration District No. 774
Primary Registration District No. 4465

38691
732

File No.
Registered No.
St. Ward)

2. FULL NAME

James Emanuel Pintley

(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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mo

13. NAME William Pintley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Gloira Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Walter Sherrill (ADDRESS) FLAT RIVER MO

18. BURIAL, CREMATION, OR REMOVAL PLACE LAYNE'S CEMETRY DATE 11-4-37

19. UNDERTAKER Gas Wiesner (ADDRESS) FLAT RIVER MO

20. FILED 11/5 1937 OB Skarran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd 1937

I HEREBY CERTIFY, That I attended deceased from October 29th 1937 to October 31st 1937

I last saw him alive on October 31st 1937. Death is said

to have occurred on the date stated above, at 11: p. m.

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

Arterio-sclerosis

Date of onset Several years ago.

Other contributory causes of importance:

Arterial Hypertension
cerebral hemorrhage near Broca's motor speech area, causing aphasia.

Name of operation None Date of -----

What test confirmed diagnosis? None 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? No

If so, specify -----

(Signed) Edgar E. Whiteside, M. D.
(Address) Union Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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6

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