NOV 8 1938

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

35558
Do not use this space.

1. PLACE OF DEATH

(a) County: Dent — Registration District No.: 266

(b) Township: Springcreek — Primary Registration District No.: 3370 — Registered No.: 67

(c) City: ____ (d) Street No.: ____ St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George W Pines

(a) Residence, No. ____ St. ____

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rhoda Ray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 22 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
83	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: farmer

9. Industry or business in which work was done, as 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): *- Ky

FATHER

13. NAME: James Pines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): -- Ky

MOTHER

15. MAIDEN NAME: Martha Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): -- Ohio

17. INFORMANT (ADDRESS): Jas Pines, Salem Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Cedar Grove Cem. DATE: 10/20/38, 19__

19. FUNERAL DIRECTOR (ADDRESS): Carl K Spencer, Salem Mo

20. FILED: Oct 20, 1938 — E. Butler M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/16, 1938, to 10/16, 1938. I last saw him alive on 10/16, 1938. Death is said to have occurred on the date stated above, at 7 P.M. The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset 1937

57

Other contributory causes of importance: Senility

Name of operation: None — Date: ____

What test confirmed diagnosis? Urinalysis — 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) Floyd H. Bruce M. D.

(Address) Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, [illegible], Licensed Embalmer No. 8370

hereby certify that the body recorded on the reverse side of this certificate was embalmed by [illegible]

L. E.

No. 8370 or by, Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)