

REC'D MAY 18 1939

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

14632  
Do not use this space.

1. PLACE OF DEATH  
(a) County Clay Registration District No. 201  
(b) Township Liberty Primary Registration District No. 5980  
(c) City Liberty (d) Street No. 3812 Registered No. 31  
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Georgia Pinks  
(a) Residence, No. Liberty, Mo. Richfield St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Pinks  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1877  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 1 12  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. for self.  
10. Date deceased last worked at this occupation (month and year) Monday 9/9 11. Total time (years) spent in this occupation 20  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo.  
13. NAME Aaron Washington  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Lacey Collins  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
17. INFORMANT (ADDRESS) John Pinks Liberty, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE Mar. 29, 1939  
19. FUNERAL DIRECTOR (ADDRESS) Church - Archer Co. Liberty, Mo.  
20. FILED 3/29 1939 E. T. Bran Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 - 1939  
22. I HEREBY CERTIFY That I attended deceased from Feb, 1939 to Mar - 26, 1939  
I last saw her alive on Mar 4, 1939. Death is said to have occurred on the date stated above, at 2 P.M.  
The principal cause of death and related causes of importance were as follows:  
Intestinal partial obstruction about 6" above the ileocolic junction Cause of adhesions not apparent. removed - Dr. Stern drawn up & adherent with thick walls, but very small lumen. - not adherent to any other organ  
Other contributory causes of importance: Many years ago had a cholecystectomy. Stenosis played a part. She refused to eat.  
Name of operation none Date of 1/2/39  
What test confirmed diagnosis? 1/2/39 Was there an autopsy? yes  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) W. J. Anderson, M. D.  
Liberty, 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.

I. X12660

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3/2/39

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

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.)**