NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE. THIS IS A PERMANENT RECORD
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, file birth Certificate. 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.

1 PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

B. O. V. S. FORM D

Registered No. 147

County Reeves

City Pecos (No. ...., ... St.; ..... Ward)

2 FULL NAME Harrison Green Pinkston (a) RESIDENCE. No. ..... St. .....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 7 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married.

6 DATE OF BIRTH: April (Month) 24 (Day) 1833 (Year)

7 AGE: 90 yrs. 5 mos. 8 ds.

If less than 2 years state if breast fed: Yes ..... No ..... | If less than 1 day: ..... hrs. ..... mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work: Saddle + Harness
(b) General nature of industry, business or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Carroll Co. Tenn.

PARENTS

10 NAME OF FATHER: Cage Pinkston

11 BIRTHPLACE OF FATHER (State or country): Tenn.

12 MAIDEN NAME OF MOTHER: don't remember

13 BIRTHPLACE OF MOTHER (State or country): Tenn.

14 THE ABOVE IS TRUE

(Informant) Mrs S. E. Pinkston

(Address) Pecos Texas

15

Filed Oct. 5 1923, S. E. Vaughan Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: Oct (Month) 2 (Day) 1923 (Year) 30527

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1923, to Oct 2, 1923 that I last saw him alive on Oct. 1, 1923 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Respiratory folure - Gradual loss of vital forces. No acute disease

..... (duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No acute disease

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Jno Camp, M. D.

Oct 3 1923 (Address) Pecos, Texas

*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. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Coleman Tex	 192
20 UNDERTAKER	ADDRESS
J. G. Murray	Pecos

Form 51b-T130-821-100M

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

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Where Stillborn is given as cause of Death, file birth Certificate. 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.

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

B. O. V. S. FORM D

Reg. Dist. No. ~~026350~~

Registered No. 151

1 PLACE OF DEATH

County Reeves

City Pecos (No. ...., ... St.; .... Ward)

2 FULL NAME Harrison G Pinkston

(a) RESIDENCE. No. .... St. .... (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: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

6 DATE OF BIRTH: April (Month) 24 (Day) 1833 (Year)

7 AGE: 90 yrs. 5 mos. 8 ds.

If less than 2 years state if breast fed Yes .... No .... If less than 1 day .... hrs. .... mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work: Saddler & Harness Maker
(b) General nature of industry, business or establishment in which employed (or employer): ....

9 BIRTHPLACE (State or country): Tenn

PARENTS

10 NAME OF FATHER: Page Pinkston

11 BIRTHPLACE OF FATHER (State or country): Tenn.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Not [illegible]

14 THE ABOVE IS TRUE

(Informant) Mrs H. G. Pinkston

(Address) Pecos

15 Filed Oct. 12 1923. S. C. Vaughan Registrar

MEDICAL PARTICULARS 26528

16 DATE OF DEATH: Oct (Month) 3 (Day) 1923 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1923, to Oct. 2, 1923, that I last saw him alive on Oct. 1, 1923, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Gradual deterioration of vital forces due largely to senility

(duration) 90 yrs. 5 mos. 8 ds.

Contributory (Secondary) .... (duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death? no acute disease

Did an operation precede death? no Date of ....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Jno Camp, M. D.

Oct [illegible] 1923 (Address) Pecos, Tex.

*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. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL: Calumon - Tex

DATE OF BURIAL: Oct 4 1923

20 UNDERTAKER: J. G. Murray

ADDRESS: Pecos

Form 51b-T130-821-100M