1 PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Reeves
CITY ~~OR PRECINCT~~ NO. Precinct 8

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

Registrar's No. 4331

No. 1105 Street Hickory.
If in an Institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred ..... yrs. ..... mos. ..... days ? How long in U. S. if born? ..... yrs. ..... mos. ..... days

2 FULL NAME OF DECEASED Sophia E Pinkston

RESIDENCE OF THE DECEASED No. ..... Street ..... City ..... State .....

If NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single ~~Married~~ Widowed Divorced: ~~Married~~

5a. ~~If married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: H.G Pinkston

6. DATE OF BIRTH (month, day, and year): Dec 14 1899

7. AGE: 95 Years | 1 Months | 11 Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper,** etc.: House Keeper
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): Ft Worth Co. Texas

FATHER
13. NAME: John L Smith
14. BIRTHPLACE (City or Town) (State or Country): Texas

MOTHER
15. MAIDEN NAME: Mat Knowles
16. BIRTHPLACE (City or Town) (State or Country): " "

17. INFORMANT: L. Tucker.
(Address) Pecos Co.

18. ~~BURIAL~~, ~~CREMATION, OR REMOVAL~~
Place Coleman, Texas Date Jan. 26, 1935

19. UNDERTAKER: J H Murray
(Address) Pecos Texas

20. SIGNATURE OF REGISTRAR: W. E. Morrison
By Consuelo Bean, Deputy
FILE DATE Jan. 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1930, to 1/25, 1935

I last saw her alive on 1/25, 1935, death is said to have occurred on the date stated above, at 10:45 a. m.

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

Coronary Occlusion — Date of onset 1/25/35

Other **contributory causes** of importance: Fracture hip - Senility

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? Hip fracture

Date of injury Confined to bed since 1930

Where did injury occur? at home.
(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. T. Williamson M. D.

(Address) Pecos, Texas

DEPARTMENT OF HEALTH RECEIVED FEB 9 1935 TEXAS BUREAU OF VITAL STATISTICS