

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH

County Cape Girardeau

Township _____

Registration District No. 125

File No. 4022

or

Village _____

Primary Registration District No. 3009

Registered No. 1126

or

CITY Cape Girardeau Mo. (NO. 132)

St. Benton

St. 3rd Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Marvin Adrian Hinkle

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Dec 25, 1912
(Month) (Day) (Year)

AGE 2 yrs. 1 mos. 28 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Cape Girardeau Mo.

PARENTS
NAME OF FATHER Clayton L. Hinkle
BIRTHPLACE OF FATHER (City or town, State or foreign country) Shrewsbury Mo.
MAIDEN NAME OF MOTHER Monie Press
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pocahontas Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence L. Hinkle

(ADDRESS) Cape Girardeau

Filed July 24, 1915 W. G. Chappell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 26, 1914, to Feb 23, 1915, that I last saw him alive on Feb 23, 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Tuberculosis General
320 98
28
(Duration) about 4 yrs. 4 mos. 4 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) D. H. Hoff M. D. (Address) Cape Girardeau Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL New City Cemetery DATE OF BURIAL Feb 24, 1915

UNDERTAKER Walther F & U Co ADDRESS Cape Girardeau Mo.

