SEP 27 1927

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

Do not use this space.

File No. 11319 B

Registered No.

1. PLACE OF DEATH

County Dekalb Registration District No. 209

Township Camden Primary Registration District No. 4158

City Maysville (No. , St. Ward)

2. FULL NAME Henry Wiley Hines

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Celia Hines

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8 1849

7. AGE: Years 77 | Months 5 | Days 25 | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Died at County
(b) General nature of industry, business, or establishment in which employed (or employer): farm
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Daviess County
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Not Known

14. INFORMANT: No one to give
(Address): in formation

15. FILED Aug 26 1927 J. L. Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1927

17. I HEREBY CERTIFY, That I attended deceased from March 28 1927 to April 3 1927, that I last saw him alive on April 3 1927, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic inst. nephritis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. L. Johnson, M. D.

3/5 '27 (Address) Maysville Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Muddy Cemetery

DATE OF BURIAL: Ap. 5 1927

20. UNDERTAKER: J. L. Davis

ADDRESS: Maysville Mo