

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

Do not use this space.

26534

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001 File No.....
 City St. Joseph. (No. 2417 Patee Street.) Registered No. 934
 St. Ward)

2. FULL NAME Virginia Claire Hindery.
2417 Patee Street.
 (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 yrs. 3 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1927.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>3</u>	<u>15</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Frank J. Hindery.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Mary's
 (STATE OR COUNTRY) Nebraska.

12. MAIDEN NAME OF MOTHER Bessie W. Willmore.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lane,
 (STATE OR COUNTRY) Illinois.

14. INFORMANT Frank J. Hindery.
 (Address) 2417 Patee Street.

15. FILED SEP 13 1927 19. John G. Jtz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12. 19 27

17. I HEREBY CERTIFY, That I attended deceased from sep 11, 1927, to sep 12, 1927 that I last saw h. or alive on sep 11, 1927, and that death occurred, on the date stated above, 7:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10/10/10
 (duration) yrs. mos. ds.
 CONTRIBUTORY Exposure
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH,.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Phys. findings
 (Signed) T. O. Pichard, M. D.
9/13, 19 27 (Address) St Joseph 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 Mount Olivet Cemetery. DATE OF BURIAL Sept 12 1927

20. UNDERTAKER H. C. Hindery ADDRESS 1802 Union.

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.

SEP 24 1927

SEP 13 1927

