

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

Do not use this space.

30991

**1. PLACE OF DEATH**

County Mississippi  
Township East Prairie  
City East Prairie (No. ....)

Registration District No. 6-67  
Primary Registration District No. 4334

File No. ....  
Registered No. 66  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

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

S

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

April 17-1927

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. .... min.

6

6

5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Barlow Ky

(STATE OR COUNTRY)

Barlow

**10. NAME OF FATHER**

Miller Hinchey

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Leavelle Ky

(STATE OR COUNTRY)

Barlow Co

**12. MAIDEN NAME OF MOTHER**

Zura Timmer

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Leavelle Ky

(STATE OR COUNTRY)

about 1870

**14. INFORMANT**

(Address)

Miller Hinchey  
East Prairie

**15. FILED**

11-4-27

Dr. J. H. Hinchey

REGISTRAR

2

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Oct 20 19 27

**17.**

I HEREBY CERTIFY That I attended deceased from Oct 17, 1927, to Oct 20, 1927, that I last saw her alive on Oct 20, 1927, and that death occurred, on the date stated above, at 11:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchial Pneumonia

1074

**CONTRIBUTORY (SECONDARY)**

Pertussis

**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?**

(Signature)

J. H. Hinchey M. D.

, 1927 (Address)

East Prairie

\*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**

DATE OF BURIAL

Barlow cemetery Oct 22 19 27

**20. UNDERTAKER**

ADDRESS

J. Ed. Shultz East Prairie

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.

