FEB 23 1928

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

Do not use this space. 2341

1. PLACE OF DEATH

County: St. Louis — Registration District No. 784 — File No.

Township: St. Ferdinand — Primary Registration District No. 4468 — Registered No.

City: Ferguson Mo. (No. 408, Harrison Ave. St. Ward)

2. FULL NAME Mary K. Warner Hinton

(a) Residence. No. 408 Harrison Ave St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF William Hinton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	25	

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

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Jerome B. English
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Sarah Burgess
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Don't know

14. INFORMANT: Mrs. A. Barger
(Address): 235 Randolph Ave

15. FILED 1-7 1928 O N Schuck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1928, to Jan 6 1928, that I last saw her alive on Jan 5 1928, and that death occurred, on the date stated above, at 4:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chr
90c

(duration) 2 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? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A O Hughes, M. D
1-7 1928 (Address) Ferguson 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: Old St Marcus. — DATE OF BURIAL: Jan 9 1928

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton Ave

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.

O K Geo. L. Boyle Funeral Home Co