MAR 21 1928

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

Do not use this space.

6081

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township St Charles — Primary Registration District No. 3036 — Registered No. 26

City St Charles (No. 406 Clay St St. 2 Ward)

2. FULL NAME John Todd Hines

(a) Residence. No. 406 Clay St., 2 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 25 — 1862

7. AGE: Years 65 — Months 11 — Days 22 — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co Mo.

PARENTS
10. NAME OF FATHER: Robert Hines
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co Mo
12. MAIDEN NAME OF MOTHER: Levice Rybolt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co Mo

14. INFORMANT: Mrs Levice Hines (Address) St Charles Mo

15. FILED 2-24 1928 Otto Boekemeier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 22 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1928, to Feb 22, 1928, that I last saw him alive on Feb 22, 1928, and that death occurred, on the date stated above, at 8 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
11A
11
11V (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY): Asthma & Lagrippe (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) T. P. Hardin, M. D.
Feb 23 1928 (Address) St Charles 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: Oak Grove Cemetery — DATE OF BURIAL: Feb 25 — 1928

20. UNDERTAKER: Steinbrinker Fun. Co — ADDRESS: St Charles Mo.

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.

Dr T. L. Hardin