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

Do not use this space.

580

1. PLACE OF DEATH

County: Cass — Registration District No.: 152 — File No.:

Township: Campbranch — Primary Registration District No.: 5216 — Registered No.: 4

City: (No. ..... St. ..... Ward)

2. FULL NAME Alexander Hinote

(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. 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: Mrs Mattie Hinote

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 10 1837

7. AGE: Years 91 — Months 10 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Gosport
(STATE OR COUNTRY): Morgan Co. Ind.

PARENTS

10. NAME OF FATHER: Asahel Hinote
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Malinda Cooter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va.

14. INFORMANT: Agnes Barton
(Address): Harrisonville Mo

15. FILED 1/30 1929 A. D. Haitzler, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Jan 29, 1929, that I last saw him alive on Jan 29, 1929, and that death occurred, on the date stated above, at 12.15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

826

(duration) X yrs. X mos. X ds.

CONTRIBUTORY (SECONDARY)

X (duration) X yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? X DATE OF X

WAS THERE AN AUTOPSY? X

WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) W. H. Garrison, M. D.

1/30, 1929 (Address) East Lynne 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: Pitts Chapel — DATE OF BURIAL: 1/30 1929

20. UNDERTAKER: A. D. Haitzler — ADDRESS: East Lynne 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.

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