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

Do not use this space.

7781

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No.

Township St. Francois — Primary Registration District No. 6018A — Registered No. 41

City Near Farmington State Hosp. No 4 ..... St. ..... Ward)

2. FULL NAME Lizzie Hines

(a) Residence. No. ..... 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: Female
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: William Hines

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

7. AGE: 66 YEARS — MONTHS: ? — DAYS: ? — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown Unknown

14. INFORMANT: Hospital Records
(Address): Farmington, Mo.

15. FILED 2-27, 1929 B. J. Robinson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 24 1929

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1928, 19.. to Feb 24, 1929, that I last saw her alive on Feb. 23, 1929, and that death occurred, on the date stated above, at 8:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93D
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 10B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Ralf Hanks, M. D
2-27, 1929 (Address) Farmington 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: Hosp 1104 Cemetery — DATE OF BURIAL: Feb 27 1929

20. UNDERTAKER: Hosp. No 4 (C Doubert) — ADDRESS: Farmington 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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