

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

Do not use this space.

31053

File No. 4079
Registered No. 4079
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City No. 2011 Askew

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME

Edw J Hines

(a) Residence, No. 2011 Askew St. 11 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4, 1871

7. AGE YEARS 58 MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) Self-employment
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Texas

10. NAME OF FATHER Charles Hines

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mk.

12. MAIDEN NAME OF MOTHER Lydia Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mk.

14. INFORMANT Mary Hines

(Address) 2011 Askew

15. FILED 9/30, 1929 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/26 1929

17. I HEREBY CERTIFY, That I attended deceased from 9:15 PM 9/26, 1929, to 11:45 PM 9/26, 1929, that I last saw him alive on _____, 19____, and that death occurred on the date stated above, at 11:45.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
(This man to my knowledge
was a Cardio-Renal)

CONTRIBUTORY (SECONDARY) 95R (duration) yrs. mos. da. 22A

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? Physical & Microchemical
(Signed) [Signature] M. D.

9/28, 1929 (Address) 1716 E. 12th St

*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 Highland

DATE OF BURIAL 9/30 1929

20. UNDERTAKER Hatkins Bros

ADDRESS 1719 Lydia

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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J Edward Perry.