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

Do not use this space.

33275

1929 4 3

1. PLACE OF DEATH
County Clay
Township Kearney
City Kearney (No. ..... St. ..... Ward)
Registration District No. 200
Primary Registration District No. 4120
File No. .....
Registered No. 15

2. FULL NAME Mary E. Hinkel.
(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 7 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF: Jacob. G. Hinkel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-19-1836.

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
93	6	18	

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

9. BIRTHPLACE (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Hood.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ann Elliot.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

14. INFORMANT Mrs. H. Rowell.
(Address) Kearney Mo.

15. FILED 10/8, 1929 Haynie Rowell REGISTRAR
by C. L. Smith, DEP.

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1929.

17. I HEREBY CERTIFY, That I attended deceased from 19 Sept., 1929, to Oct. 7, 1929 that I last saw her alive on Oct. 7, 1929 and that death occurred, on the date stated above, at 6 30 a. m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis 82A
Cerebral Hemorrhage 82D
162
(duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) 5 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) Haynie Rowell, M. D.
10-8, 1929 (Address) Kearney, 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: Payson Ill.
DATE OF BURIAL: 10-9 1929.

20. UNDERTAKER: Marvin Hessel
ADDRESS: Kearney Mo.