

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

Do not use this space.

40312

**1. PLACE OF DEATH**

County Greene

Registration District No. 318

File No. ....

Township Springfield

Primary Registration District No. 2201

Registered No. 898

City Springfield

No. Springfield Baptist Hospital

St. .... Ward

**2. FULL NAME**

(a) Residence. No. Cookville Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Carl L. Hinshaw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 - 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. 29 1 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER J.C. Cook

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

12. MAIDEN NAME OF MOTHER Rina Breedem

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

14. INFORMANT Carl L. Hinshaw (Address) Cookville Mo.

15. FILED 12-2-29 For Sharp

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1929, to Dec 7 1929, that I last saw him alive on Dec 7 1929, and that death occurred, on the date stated above, at 7:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

145A Septic Pneumonia  
149A  
109A

(duration) yrs. mos. da.

CONTRIBUTORY Pelvic Peritonitis - Tubal (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Cookville Mo.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 3, 29

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) William Smith M. D.

12-9 1929 (Address) Springfield 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 Green Lawn Cemetery DATE OF BURIAL Dec 10 1929

20. UNDERTAKER 4246 Commercial St. ADDRESS J.W. Hinshaw & Co Springfield 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.

