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

Do not use this space.

23374

File No. ....

Registered No. 16

1. PLACE OF DEATH
County Knox — Registration District No. 441
Township Bee Ridge — Primary Registration District No. 5599
City .... (No. .... St. .... Ward)

2. FULL NAME William Paul Binkley

(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.

AUG 26 1930

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2 — 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	4	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(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) Knox Co Mo

PARENTS

10. NAME OF FATHER Laurence Binkley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ....
(STATE OR COUNTRY) Knox Co
12. MAIDEN NAME OF MOTHER Florene Rourke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ....
(STATE OR COUNTRY) Knox Co Mo

14. INFORMANT Laurence Binkley
(Address) Novelty Mo

15. FILED 8/1, 1930 Geo L Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1930

17. I HEREBY CERTIFY, That I attended deceased from July 21, 19.., 19 July 21, 1930
that I last saw h.. alive on July 21, 1930, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Strangulated Femoral Hernia
122A
(duration) .... yrs. .... mos. 1 ds.
CONTRIBUTORY (SECONDARY) ....
(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ....
(Signed) C C Gibson, M. D
, 19 (Address) Novelty 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	DATE OF BURIAL
St Joseph Cemetery	July 22 1930
20. UNDERTAKER	**ADDRESS**
Kriegshauser Bros	Edina Mo