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

Do not use this space.

23600

1. PLACE OF DEATH
County Mississippi — Registration District No. 566
Township Tywappity — Primary Registration District No. 5762
City ~~Bertrand~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. 61

2. FULL NAME Clifford Daniel Hinkle

(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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	Wh	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-12-30

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		1	28	

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

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

PARENTS
10. NAME OF FATHER Leonard Hinkle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hickman Co Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Yancy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carlile Co Ky
(STATE OR COUNTRY)

14. INFORMANT Leonard Hinkle
(Address) Bertrand Mo

15. FILED July 12th, 19 ~~30~~ ~~E. E. Tennell~~ J.P. Frank S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-10 1930

17. I HEREBY CERTIFY, That I attended deceased from July 9- 1930 to July 10- 1930 that I last saw him alive on July 9- 1930 and that death occurred, on the date stated above at 4- P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ileocolitis
114B
15A
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Inanition
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) W. T. Daughtrey, M. D.
19 (Address) Bertrand, 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 Oak Grove Cemetery ~~The Lair Und Co~~ — DATE OF BURIAL 7/11 1930

20. UNDERTAKER The Lair Und Co. — ADDRESS Charleston Mo
F D Lair

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 26 1930