

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

Do not use this space.

36283

**1. PLACE OF DEATH**

County Jackson  
Township Franklin  
City N. C. Mo. (No. 404 West 18th)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 64301  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elizabeth Hinkshaw  
(a) Residence. No. 404 West 18th St. 3 Ward.

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female Wh. Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-18-1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1930, to Nov 18, 1930 that I last saw her alive on Nov 17, 1930, and that death occurred, on the date stated above, at 5:20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Endarteritis

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-24-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62- 9 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

CONTRIBUTORY (SECONDARY)

9/10/30 (duration) yrs. mos. ds.

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

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?

(Signed) D. K. Klepinger, M. D.

Nov 19, 1930 (Address) 615 Argyle Bldg

\*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.

10. NAME OF FATHER no Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT Mrs. Edna Bennett  
(Address) 404 West 18th St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hill Nov-20-1930

15. FILED 11/19 30 M. M. Crowe

20. UNDERTAKER

ADDRESS

Mrs. C. L. Forster N. C. Mo.

REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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short