

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

Do not use this space.

36853

**1. PLACE OF DEATH** <sup>1930</sup>  
 County Monticello Registration District No. 1095  
 Township Clark Primary Registration District No. 4336  
 City Clarksburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John Wesley Hinote  
 (a) Residence, No. 1 Clarksburg 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 4 yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mary E. Hinote

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Sept 10 - 1858

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
72 2 5

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Farmer  
 (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)** Gentry, Mo

**10. NAME OF FATHER** Phillip Hinote

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

**12. MAIDEN NAME OF MOTHER** Rachel Snider

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

**14. INFORMANT** Mrs Mary E. Hinote  
 (Address) Clarksburg, Mo.

**15. FILED** Nov 15 1930 J. C. Martin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov 15 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Nov. 10, 1930 to Nov. 15, 1930  
 that I last saw h. in alive on Nov. 15, 1930, and that death occurred, on the date stated above, at 10:30 a.m.

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

1906 Pneumonia (lobar)  
 (duration) yrs. mos. 5 ds.  
arteriosclerosis  
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 2 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) A. C. Faris, M. D.  
11-15-1930 (Address) Clarksburg, 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** Gentry Mo. **DATE OF BURIAL** Nov 17 1930

**20. UNDERTAKER** Max W. Smith **ADDRESS** Clarksburg, 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.

