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

Do not use this space.

File No. 13587

Registered No.

Registration District No. 2

Primary Registration District No. 5292

1. PLACE OF DEATH

County Cole

Township Clark

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary C. Hinds

(a) Residence. No. Jefferson City, Mo. R.R. #2 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.

MAY 21 1931

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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of John Hinds

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 5th. 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	4	27	

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) ..... (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Alex Haynes

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

12. MAIDEN NAME OF MOTHER: No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) No Record

14. INFORMANT James Scruggs
(Address) Jefferson City, Mo? R.R.2

15. FILED Apr 5, 1931 Hugh L. Fowler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 2nd 1931 19

17. I HEREBY CERTIFY, That I attended deceased from March 28th 1931, to April 2nd 1931 that I last saw her alive on March 28-31, 19..., and that death occurred, on the date stated above, at 10-45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

Dont Know (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ....yrs. ....mos. ....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) H. C. S. Kslover, M. D.
, 19 (Address) Russellville 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
Houser Cemetary	Apr. 5th 1931
20. UNDERTAKER	**ADDRESS**
G. N. Steffens	Russellville,

MO

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Orle — Registration District No.: 212 — File No.:
Township: Clark — Primary Registration District No.: 5292 — Registered No.: 12
City: (No. , St. , Ward)

2. FULL NAME: Mary C. Hinds
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 5-1852

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	27	

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):
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Alex Haynes
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Unk

14. INFORMANT: James Scruggs
(Address): Jefferson City Mo RR2

15. FILED June 10 1931 Mrs. Thee Gloor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1931, to Apr 2, 1931, that I last saw her alive on Mar 28, 1931, and that death occurred, on the date stated above, at 10-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
(duration) unk yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. 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) C. S. Glover, M. D.
, 19 (Address) Russellville 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: Houser Cem. — DATE OF BURIAL: Apr 5 1931
20. UNDERTAKER: G. N. Stephens — ADDRESS: Russellville

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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