

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

Do not use this space.

18153

1. PLACE OF DEATH

County Jackson
Township Wheat
City Jackson City (No. 2812 Madison)

Registration District No. 395
Primary Registration District No. 1002

File No. _____
Registered No. 2205
St. _____ Ward _____

2. FULL NAME

Velma A. Hinkle

(a) Residence. No. 2812 Madison 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>18</u>	<u>2</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Wikes
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Samuel B. Hinkle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mountain Grove
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Alta A. Leeder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas County
(STATE OR COUNTRY) Missouri

14. INFORMANT Samuel B. Hinkle
(Address) 2812 Madison St.

15. FILED May 21 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-30, 1931, to 5-20, 1931, that I last saw her alive on 5-20, 1931, and that death occurred, on the date stated above, at 9:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

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

18. WHERE WAS DISEASE CONTRACTED _____ (duration) _____ yrs. mos. ds.
IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS Chemical tests of blood & urine
(Signed) C. A. Braden M. D.

5-21, 1931 (Address) 530 Professional 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cabool, Missouri DATE OF BURIAL May 21 1931

20. UNDERTAKER D. W. Newcomer's Sons ADDRESS N. C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

530 Professionals May

11-5