

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.

SEP 22 1931

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

Do not use this space.

A27695 *Stines*

1. PLACE OF DEATH

County *Lape Girardeau*
Township *u*
City *u* (No. *u*)

Registration District No. *125*
Primary Registration District No. *2009*

File No. *u*
Registered No. *769*
St. *u* Ward *u*

2. FULL NAME

Martha J. Hinton

(a) Residence, No. *1122* *Ranney* St. *u* Ward. *u*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *u* yrs. *u* mos. *u* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>S. A. Hinton</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 7 - 1896</i>		
7. AGE	YEARS <i>35</i>	MONTHS <i>7</i>
	DAYS <i>15</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>u</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Whitewater Mo.</i>		
MOTHER / FATHER	13. NAME <i>John Hampton</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Lape Girardeau, Mo.</i>	
	15. MAIDEN NAME <i>Ervin</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Lape Girardeau Mo.</i>	
17. INFORMANT (ADDRESS) <i>S. A. Hinton Lape Girardeau Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Fairmount</i> DATE <i>Aug 25 1931</i>		
19. UNDERTAKER (ADDRESS) <i>Walthys Und. Co. Lape Girardeau Mo</i>		
20. FILED <i>8-24 1931</i> <i>W. K. Kasper</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 22 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 11 1931* to *Aug 22 1931*
I last saw *u* alive on *Aug 22 1931* Death is said to have occurred on the date stated above, at *9:00* m.
The principal cause of death and related causes of importance were as follows:
Typhoid fever

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *W. K. Kasper*, M. D.
(Address) *u*

NOV 24 1963