

Mr. W. H. Hinters

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

Do not use this space.

32366

1. PLACE OF DEATH

County St. Louis
Township Central
City Overland

Registration District No. 789
Primary Registration District No. 6033B
(No. 9539 Hawthorne)

File No. _____
Registered No. 999
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 9539 Hawthorne St. _____ 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27th 1931

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

17. I HEREBY CERTIFY, That I attended deceased from May, 1931, to Sept 26, 1931 that I last saw him alive on Sept 26, 1931, and that death occurred, on the date stated above, at 5:15 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20, 1862

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1) Hypertensive heart disease with right hemiplegia.
2) Terminal hypostatic pneumonia
59 (duration) few yrs. mos. ds.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 5 7

CONTRIBUTORY (SECONDARY) Diabetes Mellitus
45 (duration) few yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

10. NAME OF FATHER Jas. Terry

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

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

(Signed) Paul R. Whitener, M. D.

12. MAIDEN NAME OF MOTHER Martha Parlee

Sept 28, 1931, (Address) 9573 Woodson Overland Mo.

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

*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.

14. INFORMANT Paul Terry
(Address) 9412 Lemay

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old Alexander Mo
DATE OF BURIAL 9/29 1931

15. FILED 9-28, 1931 Ella Bruy M D
REGISTRAR

20. UNDERTAKER Baumann Bros
ADDRESS 2000 Woodson Overland 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.

OCT 26 1931

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