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

Do not use this space.

33419

File No. .....

Registered No. 248

1. PLACE OF DEATH
County Vernon — Registration District No. 875
Township Washington — Primary Registration District No. 6162
City Nevada No. ..... St. ..... Ward)

2. FULL NAME Supposed to be James A. Hines

(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode) Nevada Mo
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: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): D K

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D-K

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): D K

7. AGE: Years D K; Months D K; Days —; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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): D Know

FATHER
13. NAME: Supposed to be James A. Hines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

MOTHER
15. MAIDEN NAME: D K
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D K

17. INFORMANT (ADDRESS): M. E. Ferry, Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL: Coatsville Cemet DATE Oct 11, 19 31

19. UNDERTAKER (ADDRESS): Ferry Funeral Home, Nevada Mo.

20. FILED 11-9- 19 31 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Don't Know. About Sept 1 — 19 31

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in corn field. no signs of violence. Supposed to have been dead about thirty days. Body	

Other contributory causes of importance: 2093

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) M. E. Ferry Coroner M. D.
(Address) Nevada 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.

NOV 28 1931

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[illegible] 6. 21 [illegible]
[illegible] further [illegible]
[illegible] mother [illegible]