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

...—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1932

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

Do not use this space.

40176
40266

1. PLACE OF DEATH
County Butler Co. Registration District No. 89 File No. 245
Township Poplar Bluff Primary Registration District No. 3007 Registered No. ~~345~~
City Poplar Bluff (No. ..., ... St. ... Ward)

2. FULL NAME Zelinda Scott Hindricks
(a) Residence, No. 8 D Street, East Side St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~married~~ (widowed)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Hindricks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 5 1846
7. AGE: YEARS 85 MONTHS 9 DAYS 27 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Kentucky

FATHER
13. NAME: James Lyons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Robert Hindricks (son)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blackcreek Cemetery Butler Co. DATE Dec 3 31
19. UNDERTAKER (ADDRESS): Greer' Undertaking Co
20. FILED Dec 2 1931 B J Clinx Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 2, 1931
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Dec 2, 1931.
I last saw her alive on December 2, 1931. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
11B	

Other contributory causes of importance:

Name of operation: No operation Date of ✓
What test confirmed diagnosis? Clinical 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. S. Bailey, M. D.
(Address) Poplar Bluff Mo.