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.

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

Do not use this space.

42344

File No.

Registered No. 12237

1. PLACE OF DEATH U.S.Marine Hospital,

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St.Louis, Mo. (No. 3640 Marine Ave., St. 10 Ward)

2. FULL NAME Briggs Hinton

(a) Residence, No. 612 Lake St., St., 24 Ward. Sikeston, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. 18 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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) July 17, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
61	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supervisory duties aboard river steamers.

10. Date deceased last worked at this occupation (month and year) May 4, 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

FATHER

13. NAME Hade Hinton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.

17. INFORMANT (ADDRESS) Deceased on admission to hospital. Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sikeston Mo DATE Dec 6 1931

19. UNDERTAKER (ADDRESS) Dempster Funeral Home Sikeston Mo

20. FILED DEC 10 1931 19 Max C. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1931, 19, to Dec. 1, 1931, 19

I last saw him alive on Dec. 1, 1931, 19 Death is said to have occurred on the date stated above, at 9:55 P.m.

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

Myocarditis, Chr.

131
93C 131

Date of onset

Other contributory causes of importance:

Nephritis, parenchymatous, chr.

Name of operation None Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following No

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) [signature], M. D.

(Address) U.S.Marine Hospital, St.Louis, Mo.

Certified: D J Prather Surg. Med Off Charge