

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

Do not use this space.

1606

1. PLACE OF DEATH  
 54 County Linn Registration District No. 466 File No. \_\_\_\_\_  
 Township Clay Primary Registration District No. 4622C Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Henry Theodore Hainkel  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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**

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
Oct. 21, 1859

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

7. AGE YEARS 72 MONTHS 2 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Germany

MOTHER  
 13. NAME George Hainkel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Ant Krumpholtz  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Albert Hainkel  
Wilmington, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Linn DATE Jan 3 1932

19. UNDERTAKER (ADDRESS) Ernest F. Scott  
Wilmington, Mo

20. FILE NO. 2 32 A. H. Moran  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1932, to Jan 10 1932  
 Last saw him alive on Jan 10 1932 Death is said to have occurred on the date stated above, at 7:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset Jan 1/32  
82A  
97 82A  
 Other contributory causes of importance: Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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 1  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) F. W. Mangum, M. D.  
 (Address) Wilmington, 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.

FEB 24 1932

