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

Do not use this space.

16385

File No.

Registered No. 2178

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 1062

City Kansas City (No. 3825 Campbell St.) (Ward)

2. FULL NAME WILLIAM NEWTON HINSHAW

(a) Residence, No. 3825 Campbell St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

6

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED. HUSBAND OF (OR) WIFE OF Martha Hinshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 23, 187[illegible]

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	60	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres. K. C. Trans-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fer & Storage Co.

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) Near Strausburg Missouri

FATHER

13. NAME Thomas H. Hinshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Martha Holcomb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. W. N. Hinshaw (ADDRESS) 3825 Campbell St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 1, 1932

19. UNDERTAKER Sligo & McClure (ADDRESS) 3235 Gillham Road

20. FILED 5/31, 1932 M. M. Crowell Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to May 29, 1932

I last saw him alive on May 29, 1932. Death is said to have occurred on the date stated above, at 3:15 P. m.

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

	Date of onset
Angina Pectoris	May 27, '32
94A 94 A	

Other contributory causes of importance:

(1)

Name of operation None 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? No

If so, specify

(Signed) James R. Elliott, M. D.

(Address) 1322 Professional Bldg. K.C. 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.

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

Dr. James Elliot
Professional Bldg.
Ha-1614

2:30