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.

AUG 25 1932

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

Do not use this space.

20306

1. PLACE OF DEATH

74 County Nodaway — Registration District No. 618 — File No.

2 Township Nodaway — Primary Registration District No. 11369 — Registered No.

2 City Burlington Jct (No. , St. Ward)

2. FULL NAME William M. Hindman

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Irene Thomas Hindman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 28, 1884

7. AGE: YEARS 48 — MONTHS 2 — DAYS 28 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 213

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): Atchison County Missouri 1

FATHER

13. NAME: Robert C. Hindman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atchison County Missouri

MOTHER

15. MAIDEN NAME: Mary E. Hutchins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina 2

17. INFORMANT (ADDRESS): Mrs W.M. Hindman Burlington Jct. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Joseph, Mo DATE 6/28/32 19

19. UNDERTAKER (ADDRESS): J.R. Hann Burlington Jct. Mo.

20. FILED 6/29 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to June 26, 1932

I last saw him alive on June 26, 1932 Death is said to have occurred on the date stated above, at 9:15 P.M.

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

Lymphadeno Carcinoma of lungs — Date of onset

47 B

Other contributory causes of importance: 1

Name of operation None Date of

What test confirmed diagnosis? Clinical & Laboratory Was a 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. T. Bell, M. D.

(Address) Maryville, Mo.