

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.

33233

1. PLACE OF DEATH

County Frank Registration District No. 700
 Township Jackson Primary Registration District No. 5-929
 City Walnut Grove R3 (No. _____) St. _____ Ward _____

File No. 20
 Registered No. _____

2. FULL NAME

Virgil M. Hines
 (a) Residence, No. Walnut Grove R3 St., _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Neil</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-31-1854</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Missouri</u> 1				
FATHER	13. NAME <u>James D Hines</u> 1			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u> 2			
MOTHER	15. MAIDEN NAME <u>Arthusia M Bailey</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
17. INFORMANT (ADDRESS) <u>J. C. Hines, Walnut Grove, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gravelawn Cem.</u> DATE <u>10/22</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>Prim Funeral Home, Walnut Grove, Mo.</u>				
20. FILED <u>Nov 17 1932 E E Moore</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-21 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Oct-20, 1932.
 I last saw him _____ alive on 10-20 _____, 1932. Death is said to have occurred on the date stated above, at 3:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Insufficient cardio-pulmonary function
Rheumatism
 Date of onset _____

Other contributory causes of importance:
Rheumatism

Name of operation _____ **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? _____
 If so, specify _____
 (Signed) L E McDure, M. D.
 (Address) Walnut Grove

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