

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 necessary important.

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

Do not use this space.

36614

1. PLACE OF DEATH
 78 County Missouri Registration District No. 651
 Township Missouri Primary Registration District No. 5-863
 City Tyler (No. _____) St. _____ Ward _____

2. FULL NAME Sterling E. Hinton
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

File No. _____
 Registered No. 180

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
_____ 5 2

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

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-32

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 a.m.

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

Date of onset 11-17-32

Other contributory causes of importance: none (5)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tyler Mo

13. NAME Russell Hinton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg 2

15. MAIDEN NAME Burlie Harrison

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

17. INFORMANT R. B. Sanders (ADDRESS) Tyler Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE out door DATE 11-22-32

19. UNDERTAKER (ADDRESS) St. Louis

20. FILED Dec. 19 1932 ceda martin Registrar.

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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) James P. Vickrey M. D.
 (Address) St. Louis Mo.

