CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 5 1933

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

Do not use this space.

38124

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875 — File No.

Township — Primary Registration District No. 6162 — Registered No. 231

City (No. 4, St. Ward)

2. FULL NAME Elva Hinkle

(a) Residence, No. State Hospital #3 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: F
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: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3, 1905

7. AGE: YEARS 27 — MONTHS 5 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Unk
11. Total time (years) spent in this occupation: Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 1

FATHER

13. NAME: John Harbison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 2

MOTHER

15. MAIDEN NAME: Della Mayfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 1

17. INFORMANT (ADDRESS): State Hospital #3 Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bluff Cemetery DATE: Nov. 6, 1932

19. UNDERTAKER (ADDRESS): G. B. Berry & Sons Sheldon Mo.

20. FILED: 11-14, 1932 E. R. King, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1932, to Nov. 5, 1932.
I last saw her alive on Nov. 5, 1932. Death is said to have occurred on the date stated above, at 12:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	
9513	
Other contributory causes of importance:	
Acute mania	Oct 27, 1932

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) K. Snyderoff, M. D.
(Address) State Hospital #3