

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

Do not use this space.

**25884**

**1. PLACE OF DEATH**

19 County Cass Registration District No. 152  
Township Camp Branch Primary Registration District No. 5216  
City (No. ....) St. .... Ward .....

File No. ....  
Registered No. 13 St. .... Ward .....

**2. FULL NAME** Samuel Curtis Hinote

(a) Residence, No. .... St. .... Ward .....

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1861

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

72 3 9

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

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) Indiana

13. NAME Josiah Hinote

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

15. MAIDEN NAME Hiley Mace

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

17. INFORMANT (ADDRESS) Samuel Hinote  
Burrington Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Cemetery DATE 8/19 1933

19. UNDERTAKER (ADDRESS) Remondage Bros Co  
Harrisonville Mo

20. FILED Aug 17 1933 A. O. Hartzler  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1933 to Aug 17 1933

I last saw him alive on Aug 16 1933. Death is said to have occurred on the date stated above, at 8 A m.

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

Carcinoma of stomach with perforation

Other contributory causes of importance: 46  
117A

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) J. H. Scott M. D.  
(Address) Harrisonville Mo

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.

SEP 26 1933

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