

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

Do not use this space.

28795

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 1320 South 24th.)

File No. _____
Registered No. 897
St. _____ Ward _____

2. FULL NAME Howard Isaac Hinkel,

(a) Residence, No. 1320 So. 24th. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Edith Kinkel,</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28, 1869/1867</u>			
7. AGE	YEARS <u>64</u>	MONTHS <u>3</u>	DAYS <u>11</u>
	IF LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wholesale Woods</u>
10. Date deceased last worked at this occupation (month and year) <u>Sept. 1933.</u>	11. Total time (years) spent in this occupation <u>23</u>

12. BIRTHPLACE (CITY OR TOWN) North Hampton County,
(STATE OR COUNTRY) Pennsylvania,

13. NAME AMOS Hinkel,

14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Pennsylvania,

15. MAIDEN NAME Mary Elizabeth Title,

16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Pennsylvania,

17. INFORMANT Mrs. Edith Hinkel
(ADDRESS) 1320 So. 24th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Atchison, Ks. DATE Sept. 10, 1933

19. UNDERTAKER Theaton-Begall & Bowman
(ADDRESS) 316 S. 10th. St. Successor Home

20. FILED 9-9-33 John R. Bender
Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933, to Sept. 9, 1933

I last saw him alive on Sept. 9, 1933. Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Acute Myocardial Infarction Date of onset Sept. 1, 1933
92A
93D
Other contributory causes of importance: Myocardial Insufficiency unknown

Name of operation none Date of _____
What test confirmed diagnosis? Cholesterol 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 of injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Justin A. Jan M. D.
(Address) Kirk Bedg St. Joseph, Mo

WRITE PRINTING WITH GMP... G 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.

OCT 20 1933

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