

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

Do not use this space.

211  
5334 ✓

8382

1. PLACE OF DEATH  
 30 County Dallas Registration District No. \_\_\_\_\_  
 Township 3. Benton Primary Registration District No. 241  
 City Charity (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alice Hinley  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Hinley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1905  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 5 14  
 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)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 13. NAME William Jasper  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 17. INFORMANT (ADDRESS) Eva Hinley  
Charity Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Home DATE 3-20-34  
 19. UNDERTAKER (ADDRESS) L. B. Jones  
Buffalo Mo  
 20. FILED 4/10 1934 Helen M. Marm  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1934, to 3-19, 1934  
 I last saw her alive on 3-19, 1934 Death is said to have occurred on the date stated above, at 9:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
about 3-9-34  
Peritonitis, following a miscarriage  
 Other contributory causes of importance:  
140  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) D. H. [Signature], M. D.  
 (Address) [Address]

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

OCCUPATION

MOTHER FATHER

1934

203

1

X X

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Dallas  
Township Denton  
City                      (No.                      St.                      Ward)

Registration District No. 241  
Primary Registration District No. 5334

File No. 8382  
Registered No.                     

**2. FULL NAME**

Glenn Finley

(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 yrs. mos.                      ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

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

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                     

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

13. NAME                     

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

15. MAIDEN NAME                     

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

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL                     

PLACE                      DATE                      19.

19. UNDERTAKER (ADDRESS)                     

20. FILED                      19 Harvey Moran Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-16 to 3-19 1934  
I last saw                      alive on 3-17 1934 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

about 3-9-34  
Pneumonia following  
myocardial infarction  
Other contributory causes of importance:                     

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. Greenwood M. D.  
(Address) Buffalo Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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.

S-8382