

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

Do not use this space.

24640

**1. PLACE OF DEATH**

County Jackson  
Township Kans.  
City Kansas City (No. 3425 Montgal)

Registration District No. 309  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 24640  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3425 Montgal 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 M. 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 Lydia C. Hinkle  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 - 1883  
7. AGE YEARS 51 MONTHS 6 DAYS 11 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Fred  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harney Topka  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 4

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

13. NAME Hugh P. Hinkle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Ind.

15. MAIDEN NAME Alice Chambers

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

17. INFORMANT Lydia C. Hinkle (ADDRESS) 3425 Montgal

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Monial DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER Eclair Funeral Home (ADDRESS) 1111 E. 11th

20. FILED July 20 1934 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934  
22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to July 19 1934  
I last saw him alive on July 19 1934 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (apoplexy) 7/14/34  
arteriosclerosis

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Edw. H. Washington M. D.  
(Address) 500 Professional Bldg

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.

AUG 21 1934

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