

NOV 14 1934

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

Do not use this space.

35782

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 481

Township Springfield

Primary Registration District No. 2021

Registered No. Springfield Baptist Hospital

City Springfield (No. Springfield Baptist Hospital)

St. St. Ward

2. FULL NAME

(a) Residence, No. 11225

(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.

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

Anna Bell Hinkley

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

April 16-1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

5

20

OCCUPATION

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

Supt. Springfield Traction Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

street car system

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

sep 1934

✓

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

Appleton City Mo.

MOTHER FATHER

13. NAME

Harley N. Hinkley

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

Ind.

15. MAIDEN NAME

Elizabeth N. Pyeatt

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

Augustine Mo.

17. INFORMANT (ADDRESS)

Anna B. Hinkley Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Green Lawn Cemetery Springfield, Mo. Oct 8, 1934

19. UNDERTAKER (ADDRESS)

Funhinger Co., Springfield, Mo.

20. FILED

10-9-1934

MEDICAL CERTIFICATE OF DEATH

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

Oct 5 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 29 1934 to Oct 5 1934

I last saw deceased alive on Oct 5 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:

Date of onset

General Peritonitis

Other contributory causes of importance:

Ruptured & Gangrenous Appendix

Name of operation Appendectomy Date of Sept 27, 1934

What test confirmed diagnosis? specimen 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)

Hedley Smith M. D.  
Springfield Mo.

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.

