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

DEC 14 '34

Do not use this space.

38985

File No. .....
Registered No. 75

1. PLACE OF DEATH

County: Dent
Township: .....
City: Salem (No. ....., ... St. ..... Ward)

Registration District No. 366
Primary Registration District No. 4164

2. FULL NAME Lawernce L Hinsen

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	white	divorcesed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	39	10	28	

OCCUPATION

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

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): Dent Co Mo

FATHER

13. NAME: Bill Hinsen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): --- Ill

MOTHER

15. MAIDEN NAME: Mary Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): --- Reynolds Co Mo

17. INFORMANT (ADDRESS): Mont Hinsen Boss Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crossville Cem DATE: 11/24/34, 19..

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED 11/24/, 1934 H. E. Rudd. M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1934, to November 22, 1934

I last saw him alive on November 22, 1934. Death is said to have occurred on the date stated above, at 4:00 P.m.

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

	Date of onset
Miliary tuberculosis	6 months
32	

Other contributory causes of importance:

Pulmonary Tuberculosis	10 years

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Findings 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? Yes
If so, specify Contracted Pulmonary tuberculosis @ Will City while employed as miner Dec.
(Signed) K. F. Elliott, M. D.
(Address) Salem, Missouri

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33