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.

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

JAN 18 1935

Do not use this space.

43110

File No. 5496

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 4002

City Kansas City, Mo. (No. 4311 Holmes St. Ward)

2. FULL NAME William W. Hinds

(a) Residence, No. 4311 Holmes 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
46	2	13	

OCCUPATION

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

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

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) Bullard Texas

FATHER

13. NAME James M. Hinds

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

MOTHER

15. MAIDEN NAME Sarah E. Ferguson

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

17. INFORMANT (ADDRESS) Mrs. Bessie G. Hinds 4311 Holmes

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bullard, Tex. DATE Dec 22 1934

19. UNDERTAKER (ADDRESS) R.V. Lindsey & Sons 3811 Broadway

20. FILED 12-22 1934 M M Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1934, to 12-22, 1934

I last saw him alive on 12-22, 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:

Onset 12-15-34 — Date of onset

Acute Labor Pneumonia

Other contributory causes of importance: Myocardial Failure

Name of operation no Date of

What test confirmed diagnosis? Clinical 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) Harry L. Lomen, M. D.

(Address) Kansas City Mo.