

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

Do not use this space.

FEB 25 1935

1829

1. PLACE OF DEATH  
 County Knox Registration District No. 441  
 Township Lyon Primary Registration District No. 5601a  
 City Edina (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Joseph Binkley  
 (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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. 45

OCCUPATION  
 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) Edina Mo.

FATHER  
 13. NAME Lawrence S Binkley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox City Mo.

MOTHER  
 15. MAIDEN NAME Florence E. Rourke  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Novelty Mo.

17. INFORMANT Florence E. Rourke  
 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Joseph's Cem DATE Jan 13, 1935

19. UNDERTAKER Phlegshouse Bros  
 (ADDRESS) \_\_\_\_\_

20. FILED Jan 13, 1935 Mrs. C.M. Smith  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935 to Jan 13, 1935  
 I last saw him alive on Jan 13, 1935 Death is said to have occurred on the date stated above, at 2:45a.  
 The principal cause of death and related causes of importance were as follows:  
Prematurity - 6 3/4 mo. Date of onset \_\_\_\_\_

Other contributory causes of importance:  
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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 W.H. Landfather, M.D.  
 (Signed) \_\_\_\_\_ (Address) Edina Mo.

