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.

FEB 26 1935

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

Do not use this space.

1877

1. PLACE OF DEATH
County: Lafayette — Registration District No.: 464 — File No.: 23 17
Township: Washington — Primary Registration District No.: 5626 — Registered No.: 7
City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Allen Willis Hines

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred: 55 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: Daisy Hines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-5-1852

7. AGE: Years 83 — Months 0 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): About Sept.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ross Co. Ohio

FATHER
13. NAME: Jacob Hines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Clara Hines

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Tabor. DATE: 1/31/35

19. UNDERTAKER (ADDRESS): Blinn & Son, Odessa Mo.

20. FILED 2-9-1935 Mrs E. M. Goodwin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 28, 1935

22. I HEREBY CERTIFY, that I attended deceased from Jan 18, 1935, to Jan 26, 1935
I last saw him alive on Jan 26, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene of foot & leg	1/15/35

Other contributory causes of importance: Prostatitis

Name of operation: ..... Date of: .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) R. Schooley, M. D.
(Address) Odessa Mo.