

JUN 3 1935

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

M. S. New  
Do not use this space.

13871

File No. 146  
Registered No. 468  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Pettis Registration District No. 608  
Township \_\_\_\_\_ Primary Registration District No. 3082  
City Sedalia (No. 907 E 14th.)

2. FULL NAME

Henry Hinken

(a) Residence, No. 907 E 14th. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Hinken  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18 1854  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 2 5

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) Mo.

13. NAME George Hinken

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

15. MAIDEN NAME Katharine Postal

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

17. INFORMANT W. E. Hinken  
(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lake Creek DATE April 24 1935

19. UNDERTAKER Gillespie Funeral Home  
(ADDRESS) Sedalia Mo.

20. FILED 4-29 1935 Jean Slack  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23/35, 19  
22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935, to April 23, 1935.  
I last saw him alive on April 23, 1935. Death is said to have occurred on the date stated above, at 12:50 P.M.  
The principal cause of death and related causes of importance were as follows:

Brain pneumonia following influenza

930

Other contributory causes of importance: chronic myocarditis

Date of onset April 13 1935

Name of operation none Date of none  
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? no  
If so, specify \_\_\_\_\_

(Signed) Chas. M. ..., M. D.  
(Address) Sedalia 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.

