

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.

JUN 1 8 1935

15723

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Paplar Bluff Primary Registration District No. 3007
City Paplar Bluff Mo. St. _____ Ward _____

2. FULL NAME

Isaac Jefferson Hines
(a) Residence, No. Paplar Bluff Mo Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4-1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jan 1933
11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Thomas Hines

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Martha Hines
(ADDRESS) Gen Del Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cochran Cem DATE May 23 1935

19. UNDERTAKER N. T. Phelps
(ADDRESS) Paplar Bluff Mo

20. FILED 5-23 1935 Obelutzing
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1935
22. I HEREBY CERTIFY, That I attended deceased from May 26 1935 to May 22 1935
I last saw him alive on May 22 1935. Death is said to have occurred on the date stated above, at 8:45 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of rectum
about 2 yrs - active
Other contributory causes of importance: 46

Diabetic
several years
Name of operation _____ Date of _____
What test confirmed diagnosis? Chinix 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) J. DeKamell, M. D.
(Address) Paplar Bluff Mo

1945

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

[Illegible text follows, including a large section of faint, mostly illegible text and a signature block at the bottom.]