

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.

1893

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

Do not use this space.

19098

1. PLACE OF DEATH

County Caldwell
Township Davis
City Brayner (No. _____)

Registration District No. 92
Primary Registration District No. 5109

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME George W. Hinkle

(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. 8 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Racheal Jones Hinkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>6</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 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) Nov. 1915 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn MISS

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Green Wilson
(ADDRESS) Brayner, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monroe DATE 6/12/35, 1935

19. UNDERTAKER B. F. M. 221
(ADDRESS) P. H. Head, Brayner, Mo.

20. FILED June 12, 1935 H. Patterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1935 to June 10, 1935

I last saw him alive on June 8, 1935 Death is said

to have occurred on the date stated above, at 32 A. M.

The principal cause of death and related causes of importance were as follows:

Cause of death undetermined Date of onset _____

Arteriosclerosis of blood vessels

Other contributory causes of importance:

Senility

Name of operation None 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 _____, 1935

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) Henry H. Patterson, M. D.
(Address) Brayner, Mo.

10/10/50
50/10/50
10/10/50
10/10/50

10/10/50