

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

Do not use this space.

24098

1. PLACE OF DEATH

County Dutton
Township Nelson
City (No.)

Registration District No. 718
Primary Registration District No. 5948

File No.
Registered No. 38
St. Ward)

2. FULL NAME

Abraham Lincoln Hinton

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs A. L. Hinton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 23 - 1865</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>4</u>
	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fanner</u>	
	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) <u>life</u>	11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>		
FATHER	13. NAME <u>J. C. Hinton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
MOTHER	15. MAIDEN NAME <u>Mildred Figgie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
17. INFORMANT (ADDRESS) <u>Royal Bailey</u> <u>Unionville, MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unionville, MO</u> DATE <u>July 25, 1955</u>		
19. UNDERTAKER (ADDRESS) <u>F. O. Kusted & Son</u> <u>Unionville, MO</u>		
20. FILED <u>July 25, 1955</u> <u>J. W. Gillman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1955

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:
Atherosclerosis
Coronary thrombosis
Date of onset

Other contributory causes of importance:
AKB

Name of operation Date of
What test confirmed diagnosis? None 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 NO
(Signed) M. E. Kusted County MO
(Address) Unionville, MO

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.

