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.

OCT 3 0 1935

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

Do not use this space.

31595

1. PLACE OF DEATH
County Stoddard
Township Richland
City Essex (No. ..... St. ..... Ward)

Registration District No. 839
Primary Registration District No. 4510.

File No. .....
Registered No. 34

2. FULL NAME Lena Leota Hinman

(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 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Clyde W. Hinman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1890

7. AGE: YEARS 45 | MONTHS 4 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Illinois

FATHER
13. NAME Jacob Douglas Berryman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Sarah McBride
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Clyde W. Hinman Essex, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Essex, Mo. DATE Sept. 16, 1935

19. UNDERTAKER (ADDRESS) Blankenship-Strickland Dexter, Mo.

20. FILED 9-15 1935 J. P. Brandon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1935 to Sept. 14, 1935
I last saw her alive on Sept 14, 1935. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Perforated Duodenal Ulcer
1 7 6 1

Date of onset 1934

Other contributory causes of importance: ✓

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? No. 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. P. Brandon, M. D.
(Address) Essex, Mo.