

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

Do not use this space.

40613

1. PLACE OF DEATH

County Phelps
Township Rolla
City Rolla (No. Ward)

Registration District No. 677
Primary Registration District No. 4403

File No.
Registered No. 130

2. FULL NAME L. Earl Hinshaw

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 22 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 3 4

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) Waynesville (STATE OR COUNTRY) Mo

13. NAME Jack Hinshaw

14. BIRTHPLACE (CITY OR TOWN) Waynesville (STATE OR COUNTRY) Mo

15. MAIDEN NAME Lydia Killman

16. BIRTHPLACE (CITY OR TOWN) Pulaska (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Al Rummel (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Macedonia Cem. Pulaski Co DATE Dec 27 1935

19. UNDERTAKER Null and Son (ADDRESS) Rolla, Mo

20. FILED Dec. 27 1935 Joe F. Rogers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1935, to Dec 26, 1935

I last saw him alive on Dec 26, 1935. Death is said

to have occurred on the date stated above, at 2:08 p. m.

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

Perforated stomach from a peptic ulcer

Date of onset

Other contributory causes of importance

Name of operation Surgeal repair of rupture Date of last 35
What test confirmed diagnosis 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?

If so, specify

(Signed) Joseph H. Metcalfe, M. D.

(Address) Rolla 700

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.

