JAN 21 1936

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

Do not use this space.

42165

1. PLACE OF DEATH
County Stoddard — Registration District No. 834 — File No.
Township Pike — Primary Registration District No. 4505 — Registered No. 33
City Advance (No. , St. Ward)

2. FULL NAME Emma Parlee Hindman
(a) Residence, No. St., 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J M Hindman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 11, 1868
7. AGE: YEARS 67 — MONTHS 9 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
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): Zalma Mo.

FATHER
13. NAME: Tracy Shell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Bollinger Co. Mo

MOTHER
15. MAIDEN NAME: — Master
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Guardeau Mo.

17. INFORMANT (ADDRESS): J M. Hindman Advance, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Baker Cemetery DATE: Dec 17 1935
19. UNDERTAKER (ADDRESS): A. J Baker Sutterville Mo
20. FILED: 12-21-1935 W. McKeorly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to Dec. 15, 1935
I last saw her alive on Nov. 15, 1935. Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
senility	

Other contributory causes of importance:
Rheumatoid Arthritis

Name of operation ..... Date of .....
What test confirmed diagnosis? inspection 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) C. E. Lewis, M. D.
(Address) Advance, Mo.

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.