MAR 18 1936

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

Do not use this space.

5501

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 154

City Springfield (No. Springfield Hospital St. Ward)

2. FULL NAME John Luther Hinkle

(a) Residence, No. 726 E Locust St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Mrs Edith Rose Hinkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 1885

7. AGE: YEARS 52 — MONTHS 9 — DAYS 8 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Volgo Indiana

FATHER
13. NAME: Martin Luther Hinkle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pa

MOTHER
15. MAIDEN NAME: Lydia Adline Stansberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lancaster Indiana Pa

17. INFORMANT (ADDRESS): Nettie Rebbeca Osborne Desoto Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE Feb 23 1936

19. UNDERTAKER (ADDRESS): Fred C. Thieme Springfield Mo

20. FILED 2-23 1936 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1936 to Feb 22 1936
I last saw him alive on Feb 21 1936 Death is said to have occurred on the date stated above, at 1 25 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar

Date of onset

Other contributory causes of importance:

Nephritis, Chr. Interstitial

Name of operation: None Date of
What test confirmed diagnosis? 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) Eloy [illegible], M. D.
(Address) 214 No Jefferson

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