CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1936

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

Do not use this space.

13869

1. PLACE OF DEATH
County North
Township Elkton
City Grant City (No. ..... St. ..... Ward)

Registration District No. 904
Primary Registration District No. 6215

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

2. FULL NAME George Hiner

(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 2 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1900

7. AGE YEARS 35 MONTHS 3 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 3/1/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eagleville Mo.

FATHER
13. NAME C. A. Hiner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Missouri Robertson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Mo.

17. INFORMANT (ADDRESS) C. A. Hiner Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirk Cemetery DATE 3/4 1936

19. UNDERTAKER (ADDRESS) Arch C. Dunfee Grant City, Mo.

20. FILED Mar. 6 1936 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1936

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 1 A. m.
The principal cause of death and related causes of importance were as follows:

Hypertrophy of Heart — Date of onset 1925

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Observation 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) Arch C. Dunfee Coroner
(Address) Grant City Mo.

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