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.

MAY 18 1936

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

Do not use this space.

14164

1. PLACE OF DEATH
County Buchanan, Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph, (No. 1215 Charles St. Ward)

File No.
Registered No. 562

2. FULL NAME Annie E. Hinckley,
(a) Residence, No. 1215 Charles St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Herbert S. Hinckley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 9, 1850
7. AGE: YEARS 85, MONTHS 8, 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.: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home,
10. Date deceased last worked at this occupation (month and year): April 1916
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgetown, Washington, D.C.

FATHER
13. NAME: James H. Veitch,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Virginia,

MOTHER
15. MAIDEN NAME: Jane Ellett,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Virginia,

17. INFORMANT (ADDRESS): Mrs. Louis L. Roesle 1215 Charles St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE April 14, 1936
19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman Funeral Home
20. FILED 4-14, 1936 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to April 12, 1936
I last saw her alive on April 11, 1936. Death is said to have occurred on the date stated above, at 4:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/20/36
(Rt. Hemiplegia)	

Other contributory causes of importance:
arterio sclerosis
general
Hypertension

Name of operation none Date of
What test confirmed diagnosis? Phy. Ex. 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify no
(Signed) J. G. Thompson M. D.
(Address) 825 Charles St. Joseph Mo.