

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.

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

Do not use this space.

MAY 20 1936

14761

1. PLACE OF DEATH

County Gentry Registration District No. 309
 Township _____ Primary Registration District No. H185
 City Albany (No. _____, _____ St. _____ Ward)

2. FULL NAME Lou Ann Hines

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 5, 1936</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>2</u>	<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		11. Total time (years) spent in this occupation _____
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) _____		

12. BIRTHPLACE (CITY OR TOWN) Albany, Missouri
 (STATE OR COUNTRY)

13. NAME Charles Hines

14. BIRTHPLACE (CITY OR TOWN) Ellsworth, Iowa
 (STATE OR COUNTRY)

15. MAIDEN NAME Helen Batson

16. BIRTHPLACE (CITY OR TOWN) Albany, Missouri
 (STATE OR COUNTRY)

17. INFORMANT Charles Hines
 (ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rouse DATE April 7, 1936

19. UNDERTAKER Clifford Brooks
 (ADDRESS) Albany, Mo.

20. FILED Apr 7 1936 W. J. Martin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1936

22. I HEREBY CERTIFY, That I visual body deceased from _____, 1936, to _____, 1936

I last saw him at home on _____, 1936 Death is said

to have occurred on the date stated above, at 6 A.m.
 The principal cause of death and related causes of importance were as follows:

Accidental trauma from
while sleeping in bed
with parents
1948

Other contributory causes of importance: _____

Name of operation _____ 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? Accident Date of injury 4-16-36
 Where did injury occur? Albany, Mo. City Co.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home
 Nature of injury Crushed

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) C. A. Pray, Coroner
 (Address) Albany, Mo.

