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.

JUN 17 1936

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

Do not use this space.

18728

File No.

Registered No. 146

1. PLACE OF DEATH
County Callaway
Township
City Fulton (No. , St. Ward)

Registration District No. 104
Primary Registration District No. 3008

2. FULL NAME Leona Mary Hinton
(a) Residence, No. (Usual place of abode) Marshall, Mo St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 1 mos. 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hiram Hinton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1890

7. AGE: Years 46 | Months dk | Days dk | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) dk
11. Total time (years) spent in this occupation

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

FATHER
13. NAME dk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dk

MOTHER
15. MAIDEN NAME dk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dk

17. INFORMANT (ADDRESS) Hospital record

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo DATE May 7 1936

19. UNDERTAKER (ADDRESS) J. L. Sweeney

20. FILED 5/5 1936 R. M. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4 1936 to May 5 1936
I last saw her alive on May 4 1936 Death is said to have occurred on the date stated above, at 2:20 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-3-36

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? 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) Dr. E. E. Landis, M. D.
(Address) Fulton, Mo.
E E Landis