JUL 17 1936

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

Do not use this space.

22135

1. PLACE OF DEATH
County: Butler — Registration District No.: 89 — File No.:
Township: — Primary Registration District No.: 3007 — Registered No.: 153
City: Poplar Bluff (No. Brandow Hospital St. Ward)

2. FULL NAME: Mary Jane Hinman
(a) Residence, No. St., Ward. Essex, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 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: Durwood L. Harrison Hinman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 8-1916
7. AGE: Years 19 — Months 10 — Days 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): June 30-1936
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Essex, Mo

FATHER
13. NAME: Ira S. Rice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Carrie J. Seetzman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Posey Co. Indiana

17. INFORMANT (ADDRESS): D. H. Hinman Essex Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Essex Mo DATE: 7/1, 1936
19. UNDERTAKER (ADDRESS): Blankenship & Strickland Dexter Mo
20. FILED: 6-30, 1936 O. C. Chitwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936, to June 30, 1936, last saw her alive on June 30, 1936. Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	6/20/36
Broncho pneumonia	6/28/36
Endocarditis	6/26/36

Other contributory causes of importance:

Abortion - Self Induced	6/16/36

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) W. H. Brandow, M. D.
(Address) Poplar Bluff Mo

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.

Mr. Paul [illegible]