JUL 24 1936

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

Do not use this space.

23145

File No. 3078

Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Blue — Primary Registration District No. 1002
City: Kansas City (No. Leeds Hospital St. Ward)

2. FULL NAME: Hink Mrs Gertrude
(a) Residence, No. 5621 S. Benton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 34 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Walter Hink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept, 24, 1901

7. AGE: Years 34 35 — Months 9 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

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

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

FATHER
13. NAME: Allen John
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Gerdt Kate
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): R. B. Hoff Leeds Sta Leeds Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moriah DATE: July 2 1936

19. UNDERTAKER (ADDRESS): Wm Lee Funeral Home 2111 Lydia Kansas

20. FILED: 6/30, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1936, to June 28, 1936
I last saw deceased alive on June 28, 1936. Death is said to have occurred on the date stated above, at 6 55 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: none

Name of operation: none — Date of
What test confirmed diagnosis? Sputum — 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) J. S. Hoffman, M. D.
(Address) K. C. U. B. Hospital Leeds, Mo