DEC 30 1936

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

Do not use this space.

43421

1. PLACE OF DEATH
County Saline — Registration District No. 796
Township Marshall No — Primary Registration District No. 3038
City Marshall Mo (No. 517 E. Jackson St., Ward)

File No.
Registered No. 224

2. FULL NAME Angerline Hinther
(a) Residence, No. 517 Locust St., Ward.
(Usual place of abode)
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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): abt 1865

7. AGE — YEARS: about 71 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
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): Kentuckey

FATHER

13. NAME: Gordon Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentuckey

MOTHER

15. MAIDEN NAME: Lizzie Wing
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentuckey

17. INFORMANT (ADDRESS): Charlie Hinther, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Fairview — DATE: Nov. 30 1936

19. UNDERTAKER (ADDRESS): Reuben Robbins, Marshall Mo

20. FILED Nov 30, 1936 Helen Huston, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1936, to Nov. 27, 1936
I last saw her alive on Nov. 23, 1936 Death is said to have occurred on the date stated above, at 4 A, m.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease — Date of onset: Don't Know

Other contributory causes of importance: Arterio

Name of operation: none — Date of: —
What test confirmed diagnosis? Typical — 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. T. Madison, M. D.
(Address) Marshall 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD