

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

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.

FEB 16 1937

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

Do not use this space.

469

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township U Primary Registration District No. 3009
 City Cape Girardeau (No.) Southeast Mo. Hospital St. Ward
 File No.
 Registered No. 26

2. FULL NAME Arthur Fredrick Hinck

(a) Residence, No. 734 William 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 Male 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 Helen Denecke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 0 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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) Gordenville, (STATE OR COUNTRY) Mo.

FATHER 13. NAME Claus Hinck

FATHER 14. BIRTHPLACE (CITY OR TOWN) Gordenville, (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Winnie Ulrich

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Gordenville, (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Helen Hinck (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Church Cem DATE Jan. 29, 1937

19. UNDERTAKER Hanson's Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED 1-26-37 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937, to Jan 26, 1937. I last saw him alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 10:50 PM. The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Jan 16, 37 Date of onset

Other contributory causes of importance: 108

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) W. A. Steffen M. D.
 (Address) Cape Girardeau Mo.

