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.

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
108 County Vernon — Registration District No. 875 — File No. 17845
Township Washington — Primary Registration District No. 6162. — Registered No. 113
City ..... (No. ....., 4 ..... St. ..... Ward)

2. FULL NAME Aaron Edward H. Hinson
(a) Residence, No. 3208 E. 30th St. Kansas City St., 1 Ward.
(Usual place of abode) State Hospital #3 (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. 2 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: Julia Hinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 31 1862

7. AGE: 12 8 — YEARS: 74 — MONTHS: 7 — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. (no details)
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): N. C.

FATHER
13. NAME: Aaron Hinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

MOTHER
15. MAIDEN NAME: Marg. Murkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

17. INFORMANT (ADDRESS): Mrs. Julia Hinson Kansas City Mo

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Kansas City Mo DATE Apr 19 1937

19. UNDERTAKER (ADDRESS): Mrs. C. F. Forester Kansas City Mo

20. FILED 4-17 1937 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1937, to Apr. 19, 1937
I last saw him alive on ....., 1937. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	NA

108

Other contributory causes of importance:
Lobar pneumonia — Apr. 12

Name of operation none — Date of
What test confirmed diagnosis? Clinical — 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. J. O'Dell, M. D.
(Address) Nevada, Mo