JUL 10 1937

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

Do not use this space. 22926

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2[illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 3032 Forest St. Ward)

2. FULL NAME Earnest Wesner Hinote
(a) Residence, No. 3032 Forest St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 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 Prudie Lee Hinote

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1886

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
50	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tribute Casket Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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) East Lynn Mo.

FATHER
13. NAME Samuel Curtis Hinote
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Nettie J. Larimore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Prudie Lee Hinote 3032 Forest

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harrisonville DATE 6/27 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED 6-26 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936, to June 26, 1937
I last saw him alive on June 26, 1937 Death is said to have occurred on the date stated above, at 6:45 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic cystitis
Hypertrophied prostate
ascending pyelonephritis

Date of onset

Other contributory causes of importance:
Multiple Sclerosis

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? no 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) A. H. Panettiere, M. D.
(Address) 307 Argyle Bldg.

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

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Argyle Bldg.