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.

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Worth
Township: Union
City: (No. ..... St. ..... Ward)

Registration District No. 904
Primary Registration District No. 6215

File No. 25181
Registered No.

2. FULL NAME: Isaac F. Hines.

(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28-1844

7. AGE: YEARS 92 MONTHS 11 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired Farmer
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): Tuscarora Co. Ohio.

FATHER
13. NAME: William Hines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Hitchcock.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Homer Hines. Sheridan Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sheridan Cemetery DATE: July 4 1937

19. UNDERTAKER (ADDRESS): Long & Buff Sheridan Mo

20. FILED: July 4 1937. Mrs. O. H. Bond Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937, to July 3, 1937
I last saw him alive on July 2, 1937. Death is said to have occurred on the date stated above, at 12-10 AM
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset: July 1 1937

Other contributory causes of importance: Oldage

Name of operation: — Date of
What test confirmed diagnosis? Was there an autopsy?

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) A. C. Long, M. D.
(Address) Sheridan