

AUG 23 1937

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

Do not use this space.

27192

1. PLACE OF DEATH
38 County Gentry Registration District No. 313
Township Miller Primary Registration District No. 0432
City (No.) St. Ward)

2. FULL NAME Elica peater Hinote
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MA 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF - Mary Hinote deceased (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
97 78 1 24

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1937 to Jan 13 1937
I last saw her alive on Jan 13 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION

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

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

"Chronic Myocarditis"
Date of onset

Other contributory causes of importance: 930

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Harrison Co MO (STATE OR COUNTRY)

13. NAME peater Hinote

14. BIRTHPLACE (CITY OR TOWN) Jind (STATE OR COUNTRY)

15. MAIDEN NAME Dont No

16. BIRTHPLACE (CITY OR TOWN) Dont No (STATE OR COUNTRY)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

17. INFORMANT Mrs Woodson Reed (ADDRESS) Mc Fall Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jones DATE Jan 14 1937

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER W H Noble (ADDRESS) New Hampton Mo

20. FILED 3-3 1937 W A Query Registrar.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. G. Pray D.O.
(Address) Albany, 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.

