

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

Do not use this space.

2909

21

1. PLACE OF DEATH
 43 County Rocky Registration District No. 365
 Township Wheatland Primary Registration District No. 5511
 City Wheatland Mo St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Amanda Augustine Hinkle
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23, 1866
 7. AGE YEARS 70 MONTHS 11 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Oct-21-, 1938, to Oct-25-, 1938
 I last saw him/her alive on Oct-23-, 1938 Death is said to have occurred on the date stated above, at 11:00 a m.
 The principal cause of death and related causes of importance were as follows:
Neuroplegia due to Cerebral Hemorrhage
 Date of onset 10-21-37
 Other contributory causes of importance Arterial Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri?
 13. NAME Frank Harland?
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) H. C. Hinkles, Wheatland Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Macedonia DATE 9/27/37
 19. UNDERTAKER (ADDRESS) Luther Funeral Home, Wheatland Mo
 20. FILED 1-9, 1938 Mrs. A. S. Johnston Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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) A. S. Johnston, M. D.
 (Address) Wheatland 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.

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FEB 24 1938

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