

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.

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

Do not use this space.

REC'D AUG 23 1938

1. PLACE OF DEATH

County Adair
 Township Benton
 City Kirkville (No. Stuebler Hospital)

Registration District No. 3601
 Primary Registration District No. 5445

File No. 24583
 Registered No. 132
 St. _____ Ward _____

2. FULL NAME Ira E. Hinclow 524

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>49</u>	<u>10</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Aug 1935 11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

13. NAME W. O. P. Hinclow

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

15. MAIDEN NAME Ida Musson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) All.

17. INFORMANT Joe Hinclow
 (ADDRESS) Teacher, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE Aug 5 1938

19. UNDERTAKER F. R. Easley
 (ADDRESS) Teacher, Mo.

20. FILED Aug 9 1938 Spencer L. Freeman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3d, 1938 to Aug 3d, 1938
 I last saw him alive on Aug 3d, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Ruptured appendix with peritonitis

Other contributory causes of importance: 12h

Name of operation Drainage peritoneal cavity

What test confirmed diagnosis? Chl. det. & Path. 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) Geo. F. Russell, M. D.
 (Address) Kirkville Mo.

