

REC'D OCT 21 1938

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

Do not use this space.

33445

1. PLACE OF DEATH

County De Witt Registration District No. 815
Township Brookwood Primary Registration District No. 6064
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

THOMAS JEWEL HINKLE 521

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/9/1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 3 14

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
at home

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ky.

FATHER
13. NAME unknown

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

MOTHER
15. MAIDEN NAME LELA MAY HINKLE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bertrand Mo

17. INFORMANT (ADDRESS) Margaret Hinkle Lexington, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Boydman Cemetery 9/23/38

19. UNDERTAKER (ADDRESS) Boydman

20. FILED 10/2 38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22-38 1038

22. I HEREBY CERTIFY, That I attended deceased from 9-22, 1938, to 9-22, 1938
I last saw h. live on 9-22, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

mal nutrition - probably
acute - since I only
saw the baby one time
& history was very
indefinite

Other contributory causes of importance:

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? _____
If so, specify _____

(Signed) U. P. Haw, M. D.
(Address) Benton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

