

1939 APR 24 1939

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

Do not use this space.

9846

1. PLACE OF DEATH <sup>2</sup>  
County Adair Registration District No. 4  
Township 1 Primary Registration District No. 3001  
City Kirksville (No. 115, East Baldwin) St. 4 Ward 4  
2. FULL NAME 535 Adelaide Wampler Hinton  
(a) Residence, No. 115 E. Baldwin St., 4 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.

File No. 9846  
Registered No. 67  
St. 4 Ward 4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Hinton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 25-1850</u>				
7. AGE	YEARS <u>88</u>	MONTHS <u>6</u>	DAYS <u>21</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>			
	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) <u>Fredrick</u> <u>Illinois</u>				
MOTHER	13. NAME <u>Peter Wampler</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
	15. MAIDEN NAME <u>Rebecca Kirkham</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville</u> <u>Ky.</u>			
17. INFORMANT <u>Mrs. Blanch Lamb</u> (ADDRESS) <u>115 E. Baldwin, Kirksville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Messers Cemetery</u> DATE <u>March 19</u> <u>1939</u> <u>Mo</u>				
19. UNDERTAKER (ADDRESS) <u>Kirksville, Mo</u>				
20. FILED <u>Mar. 17, 1939</u> <u>Spencer L. Inneson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1938, to Mar 16, 1939  
I last saw him/her alive on Mar 16, 1939 Death is said to have occurred on the date stated above, at 10:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia and  
Pneumonia (Lobar)  
Date of onset

Other contributory causes of importance: 110

Name of operation None Date of None  
What test confirmed diagnosis? clinical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Geo. F. Sussel, M.D. D.  
3 (Address) Kirksville Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-507

Date Filed APR 11 1939