Jake

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.

004
04
2

DEC'D APR 24 1939

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

Do not use this space.

1. PLACE OF DEATH
County Audrain 2 Registration District No. 26 File No. 9909
Township Salt River 1 Primary Registration District No. 3002 Registered No. 41
City Mexico Mo (No. 422 S Cole St. Ward)

2. FULL NAME 520 Fannie Hinch
(a) Residence, No. 422 S. Cole St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN.

7. AGE: About 86 YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

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. House Work
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) Santa Fee Mo

FATHER
13. NAME Jack Richard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Santa Fee Mo

MOTHER
15. MAIDEN NAME Martha —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Santa Fee

17. INFORMANT (ADDRESS) Georgia Eubanks Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 3-19, 1939

19. UNDERTAKER (ADDRESS) A. L. Reynolds Mexico Mo

20. FILED Mar 19, 1939 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-2-, 1938, to 3-17-39, 19..
I last saw her alive on 3-17-, 1939 Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset 12-2 1938

93C

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) A. J. Eaton, M. D.
23 (Address) Mexico, Mo

OCT 25 1946

OCT 28 1946

RECEIVED
District Health Officer No. 10
District File Number 10-39-584
Date Filed APR 20 1939