

REC'D APR 24 1939

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

Do not use this space.

11334

1. PLACE OF DEATH

County LafayetteRegistration District No. 466Township ClayPrimary Registration District No. 2922CCity Wellington

File No.

Registered No. 10

St. Ward)

2. FULL NAME

William E. Hinderbaum

(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 55 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ida Hinderbaum6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12, 18667. AGE YEARS 72 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)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) March 24, 1939 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) Western Cappelen (STATE OR COUNTRY) Germany13. NAME William Hinderbaum14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 615. MAIDEN NAME Katherine Pottel16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 617. INFORMANT Henry Hinderbaum (ADDRESS) Wellington, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington, Mo. DATE Mar 29, 193919. UNDERTAKER Duesing Funeral Home (ADDRESS) Wellington, Mo.20. FILED Apr 28, 1939 F. M. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27 193922. I HEREBY CERTIFY, That I attended deceased from Feb 1935, to Mar 1939I last saw him alive on Mar 27, 1939 Death is saidto have occurred on the date stated above, at 3:15 A.M.

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

mitral insufficiency Date of onsetOther contributory causes of importance: 220

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) R. B. Watts M. D.(Address) Wellington, 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.

WHITE LABEL WITH OR WITHOUT MARK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/18/39