

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

Do not use this space.

OCT 21 1936

38787

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No.)

Registration District No. 944
Primary Registration District No. 3035

File No.
Registered No. 101
St. Ward

2. FULL NAME William A. Hines

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 21 - 1885</u>		
7. AGE <u>80</u>	YEARS <u>5</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u> <u>Mo.</u>		
13. NAME <u>William Hines</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u> <u>Kentucky</u>		
15. MAIDEN NAME <u>Ruth C. Reavis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u> <u>Tenn.</u>		
17. INFORMANT <u>W. B. Hines</u> (ADDRESS) <u>Henrietta, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Indian</u> DATE <u>Oct. 9, 1936</u>		
19. UNDERTAKER <u>Thurman</u> (ADDRESS) <u>Richmond, Mo.</u>		
20. FILED <u>10-10</u> 19 <u>36</u> <u>E. E. Ray</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1936 to Oct. 8, 1936
I last saw alive Oct. 5, 1936 Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arterio Sclerosis
Other contributory causes of importance:

Name of operation None 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? No
If so, specify
(Signed) E. E. Ray M. D.
(Address) Richmond, Mo.

