

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KanPrimary Registration District No. 1002City Kansas City(No. Wheatley Prov. Hospital)St. Missouri Ward

2. FULL NAME

George Hinton(a) Residence, No. 239 N. Gellatin St.

(Usual place of abode)

Ward. Liberty, Missouri

(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

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
WIFE OFElla Mae Hinton

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

Sept 1st 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.54119th8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Cannery Laborer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Westport, Miss

MOTHER FATHER

13. NAME

Robert Hinton14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Miss

15. MAIDEN NAME

Don't know16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Don't know17. INFORMANT
(ADDRESS)Ella Mae Hinton
Liberty, Miss

18. BURIAL, CREMATION, OR REMOVAL

10-22-3719. UNDERTAKER
(ADDRESS)W. M. Brown
Liberty, Miss

20. FILED

Oct 21

19

37M. M. BrownRegistrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from

19....., to 19.....

I last saw Deputy Coroner 19..... Death is saidto have occurred on the date stated above, at 3:45 P. M.

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

Homicide Date of onsetGun shot woundShoulder Hemorrhage

Other contributory causes of importance:

173Name of operation Autopsy Date of 10-25-37What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 10-25-37Where did injury occur? Liberty, Miss

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun shotNature of injury Gun shot

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes(Signed) Russell W. Bar M. D.(Address) Liberty, Miss

