

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.

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH  
 94 County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 Near City Farmington, Mo. (No. 11) St. 11 Ward 11  
 File No. 21199  
 Registered No. 81

2. FULL NAME Joseph H. Hinkle  
 (a) Residence, No. Farmington, Mo. R. R. #4 St. Ward 11  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED Mary Jane Smith  
 HUSBAND OF (OR) WIFE OF Mary Ann Hinkle  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Carpenter  
 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) Ste. Genevieve County  
 (STATE OR COUNTRY) Missouri

13. NAME William Hinkle

14. BIRTHPLACE (CITY OR TOWN) West Virginia  
 (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Rickard

16. BIRTHPLACE (CITY OR TOWN) West Virginia  
 (STATE OR COUNTRY)

17. INFORMANT Hospital Records + William Hinkle  
 (ADDRESS) Farmington, Mo.

18. BURIAL PLACE Little Vine Cemetery DATE May 4 1937  
 (ADDRESS) Near Farmington, Mo.

19. UNDERTAKER Cozean Funeral Home  
 (ADDRESS) Farmington, Mo.

20. FILED May 3, 1937 T. J. Robinson  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1937  
 22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to May 3, 1937.  
 I last saw him alive on May 3, 1937. Death is said to have occurred on the date stated above, at 12:30 A. m.  
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 5-1-37  
1070  
 Other contributory causes of importance:  
Generalized cerebral atherosclerosis 1925

Name of operation none Date of       
 What test confirmed diagnosis? Chemo. Was there an autopsy? Yes

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) Paul J. Schradin, M.D. M. D.  
 (Address) Farmington, Mo.

