

FEB 20 1928

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

Do not use this space.

256

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
Township _____ Primary Registration District No. 1001 Registered No. 63
City St. Joseph (No. Missouri Methodist) St. _____ Ward _____

2. FULL NAME

Emmie T. Hinderks
(a) Residence. No. _____ St. _____ Ward. Stewartville, Missouri
(Usual place of abode) (If nonresident give city of town and State)
Length of residence in city or town where death occurred (5) yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 2, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 | 5 | 12

8. OCCUPATION OF DECEASED:

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Emmie Hinderks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Vertie Sencher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT Elizabeth Hinderks
(Address) Stewartville, Mo.
John S. W.

FILED 16 1928

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928, to Jan 14, 1928
that I last saw him alive on Jan 13, 1928, and that death occurred, on the date stated above, at 5:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
90 B106B
(duration) 2 yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic Bronchitis
(SECONDARY) (duration) 1 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Stewartville, Mo.
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. F. Schmidt, M. D.
Jan 14, 1928 (Address) St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stewartville, Mo. DATE OF BURIAL Jan. 15 1928

20. UNDERTAKER Fluman Funeral Home ADDRESS 1208 Francis

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.

THIS IS A PERMANENT RECORD

