

AUG 14 1935

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

Do not use this space.

22579

1. PLACE OF DEATH

County *DeKalb*Registration District No. *258*Township *Sherman*Primary Registration District No. *0361-*

City..... (No.....)

St. Ward)

2. FULL NAME

William Henry Hines

(a) Residence, No..... St., Ward.

Length of residence in city or town where death occurred yrs. mos. *7* ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

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

7/4 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) (STATE OR COUNTRY)

Missouri

13. NAME

Ralph Douglas Hines

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

Missouri

15. MAIDEN NAME

Velma Heard

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

Missouri

17. INFORMANT

*Major Hines
Clarkdale, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Clarkdale Cemetery* DATE *7/12 1935*

19. UNDERTAKER

*Carrie A Davis
Clarkdale, Mo.*

20. FILED

*Aug 9 1935 Carrie A Davis
Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

7/11 1935

22. I HEREBY CERTIFY, That I attended deceased from

*July 4 1935 to July 11 1935*I last saw him alive on *July 8 1935* Death is saidto have occurred on the date stated above, at *11 P. m.*

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

*Malformation of heart (patent foramen ovale), malformation of distal ends of the lower limbs.*Date of onset
7-4

Other contributory causes of importance:

Name of operation..... 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) *Dr. Z. C. H. Hines*(Address) *Mayville, 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.

