

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

Do not use this space.

6900

1. PLACE OF DEATH MAR 24 1936
 County Monticau Registration District No. 577
 Township Pilot Grove Primary Registration District No. 5775
 City (No.) St. Ward

2. FULL NAME Thomas Burton 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 30 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 20

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

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**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1935, to Feb 4 1936
 I last saw him alive on Feb 2 1936. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary embolism Date of onset Jan 31/36

Other contributory causes of importance:
Chronic nephritis 5 yrs
Chronic myocarditis 5 yrs

12. BIRTHPLACE (CITY OR TOWN) Monticau (STATE OR COUNTRY) Mo Co

13. NAME Snell Hines

14. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

15. MAIDEN NAME Susan Marrow

16. BIRTHPLACE (CITY OR TOWN) Monticau (STATE OR COUNTRY) Mo Co

17. INFORMANT Mrs Tom Hines (ADDRESS) California mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Union church DATE ch 29/36 1936

19. UNDERTAKER William & Fred Meyer (ADDRESS) California mo

20. FILED 3-9 1936 Maudie Robertson Registrar.

Name of operation Date of

What test confirmed diagnosis? clin 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) George J. McLawrence M. D.
 (Address) Russellville 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.

