

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

16 County *Cape Girardeau* Registration District No. *129*  
Township *Shannon* Primary Registration District No. *5180*  
City (No. ) St. Ward

File No. *15956*  
Registered No. *6*

2. FULL NAME

*Sina Catharine 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife) *C C Hines*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 14 - 1853*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*5 83 10 1*

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

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) *Oak Ridge Mo*

13. NAME *John Bides*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina*

15. MAIDEN NAME *Fredricka Brühl*

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

17. INFORMANT (ADDRESS) *C T Hines*  
*Neely Landing Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washen cemetery* DATE *April 19 1937*

19. UNDERTAKER (ADDRESS) *Lorhedy F & N Co*  
*Cape Girardeau Mo*

20. FILED *4-18-1937* *Prof. Schoen* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 17 1937*

22. I HEREBY CERTIFY, That I attended deceased from *April 15 1937*, to *April 17 1937*

I last saw her alive on *April 17 1937* Death is said to have occurred on the date stated above, at *8 a.m.*

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

*Cholecystitis, Acute*

*Cholelithiasis*

Date of onset *2 days*  
*20 years*

Other contributory causes of importance:

Name of operation *None* Date of

What test confirmed diagnosis? *P.Sx.* 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

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) *Theodore Fischer* M. D.  
(Address) *Allenburg, 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.

