065060

APR 14 1981

I HEREBY CERTIFY THAT THIS CERTIFICATE IS AN EXACT COPY OF THE ORIGINAL CERTIFICATE WHICH IS REGISTERED AND PRESERVED IN THE DIVISION OF VITAL STATISTICS OF THE OHIO DEPARTMENT OF HEALTH, WITNESS MY SIGNATURE AND THE SEAL OF THE DEPARTMENT.

[signature] Ackerman M.D.
DIRECTOR OF HEALTH

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

RETURNED

1 PLACE OF DEATH
County Pike Registration District No. 1046 File No. 74118
Township Marion Primary Registration District No. 5601 Registered No. 20
or Village No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of
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.

2 FULL NAME Joseph James Hinkle Did Deceased Serve in U. S. Navy or Army No
(a) Residence. No. St., Ward.
(Usual place of abode) (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) married
3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Phyliss Collins Hinkle
6. DATE OF BIRTH (month, day, and year) Feb. 11, 1899
7. AGE Years 32 Months 9 Days 22 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker
9. Industry or business in which work was done, as mill, mill, saw mill, bank, etc. Mills
10. Date deceased last worked at this occupation (month and year) Sept 1921
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Pocahontas Co. W. Va.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Nora Byrd
16. BIRTHPLACE (city or town) (State or country) Greenbrier Co. W. Va.

17. The Signature of INFORMANT and (Address) Miss Dixie Byrd Beaver Ohio R 31

18. BURIAL, CREMATION, OR REMOVAL Place Salem Date Dec 5 1931

19. UNDERTAKER (Address) Omer Davis Co.
19a. Was body embalmed Ms Embalmer's No. 3479 A

20. FILED 12/31/1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/3 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/15 1930 to 12/3 1931
I last saw him alive on 12/3 1931 death is said to have occurred on the date stated above at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

	Date of onset
General Tuberculosis	1930
32c	

CONTRIBUTORY CAUSES of importance not related to principal cause:
none

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
Yes
If so specify Steel mill very hot work following exposure
(Signed) [signature] M. D.
Date 12/4 1931 Address Stockdale O.

OCCUPATION is very important. See instructions on back of certificate.