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.

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

Do not use this space.

35268

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 3922 a Shaw Ave St. ..... Ward)

File No. .....

Registered No. 10448

2. FULL NAME JAMES SCOT VINYARD

(a) Residence. No..... St., 17 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. 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
Husband of Ellen E. Vinyard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2. 1865.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62.	5.	17.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) Clerked Genl Store
(c) Name of employer Albert Ricks

9. BIRTHPLACE (CITY OR TOWN) Festus
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Andrew J. Vinyard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Marguarette Robertson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Festus
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Ellen E. Vinyard
(Address) 3922a Shaw Ave.

15. NOV 22 1927 FILED ..... 19 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to Nov. 19, 1927 that I last saw him alive on Nov. 18, 1927, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart disease
97A
150 (duration) yrs. 11 mos. 8 ds.
CONTRIBUTORY (SECONDARY) Syphilis Acute
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. P. Brownsend M.D.
11/27 1927 (Address) 6953 Bowman Ave

*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 Lake Charles — DATE OF BURIAL Nov 22 1927.

20. UNDERTAKER A. W. McLaughlin — ADDRESS 1631 Missouri