

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

Do not use this space.

18693

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

5083

City St. Louis (No. Christian Hospital)

St. Ward

2. FULL NAME

John H. Kincaley

(a) Residence No. 430 Adams St. Ferguson Mo. 10 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>1</u>	<u>18</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mechanical Engineer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer Hemlock

9. BIRTHPLACE (CITY OR TOWN) Franklin
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Michael Kincaley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Sarah Brice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT J. Henry Kincaley
(Address) 430 Adams St. Ferguson Mo.

15. FILED 1928 May 6 Wm C. Stankoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 19 28

17. I HEREBY CERTIFY, That I attended deceased from Jan 1908, to May 6, 19 28 that I last saw him alive on May 6, 19 28 and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY) 108 1010 (duration) yrs. mos. da. 8

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) D.A. VanHoefen, M. D. 5/7, 19 28 (Address) 8313 Halls Ferry Rd

*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 DATE OF BURIAL

Valhalla Crematory May 9 19 28

20. UNDERTAKER ADDRESS

Cullinan Bros. 1704 Grand B.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The analysis focuses on identifying trends and patterns over time, which is crucial for making informed decisions.

The third section provides a detailed breakdown of the results. It shows that there has been a significant increase in sales volume, particularly in the middle and lower income brackets. This suggests that the current marketing strategy is effective in reaching a wider audience.

Finally, the document concludes with several key recommendations. It suggests that the company should continue to invest in research and development to stay ahead of the competition. Additionally, it recommends a more targeted marketing approach to maximize the return on investment.