Dr Biggs

JAN 28 1929

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

Do not use this space.

42055

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Pike — Registration District No.: 689

Township: Buffaloo — Primary Registration District No.: 5917

City: ..... (No. Elmwood Dist St. ..... Ward)

2. FULL NAME Thomas Franklin Ince

(a) Residence. No. Elmwood dist 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	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 Carrie D Ince

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-10-42

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	86	11	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Gene Farming

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Polk Co (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Levi Bush Ince

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

12. MAIDEN NAME OF MOTHER Margaret

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

14. INFORMANT Grace Ince
(Address) Louisiana Mo

15. FILED 12/11, 1928 F C Haley Jr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1928

17. I HEREBY CERTIFY, That I attended deceased from 3rd Dec - 1928, 19..., to 10th Dec - 1928, 19..., that I last saw him alive on Dec - 10 - 28, 19..., and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Poison

1392

1323

1.6

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Senility + Prostatitis

(duration) 6 yrs. ..... 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

12/11, 1928 (Signed) MO O'Biggs, M. D. (Address) Louisiana Mo

*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 Buffalo Pike Co Mo — DATE OF BURIAL 12/12 1928

20. UNDERTAKER F C Haley Jr — ADDRESS Louisiana 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.

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