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

Do not use this space.

File No. 25000 101

Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No. 417

Township: — Primary Registration District No. 3021

City: Webb City (No. ..., ... St. ... Ward)

2. FULL NAME: Leonard Vincent

(a) Residence. No. Same (Usual place of abode) St. Hotel Ward. (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)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Earnest Vincent

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
27			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Carterville (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: A. Morgan

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

12. MAIDEN NAME OF MOTHER: Sallie Morgan

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

14. INFORMANT: Earnest Vincent (Address): Carterville Mo.

15. FILED 7/23 1929 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 22, 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-20, 1929, to 7-22, 1929, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 10.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tuberculosis of Skull during a Typoid Op. 61.

Ex Op Thalmic Goiter (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ... (duration) 2 yrs. ... mos. ... ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-22-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Nos.

(Signed) B. B. Dumbaugh, M. D.

7/23, 1929 (Address) Webb City 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	DATE OF BURIAL
Carterville Cem	7/24 1929

20. UNDERTAKER	ADDRESS
Webb City Undert Co	Webb City

AUG 26 1929

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.