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

Do not use this space.

33030

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 1185
Township — Primary Registration District No. — Registered No.
City St. Joseph (No. ..., ... St. ... Ward)

2. FULL NAME Lola Vincent
(a) Residence. No. 1321 So. 9th St. St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Al. Vincent.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 7, 1906

7. AGE: Years 22 — Months 10 — Days 6 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Herman Groes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Kansas.
12. MAIDEN NAME OF MOTHER Minnie Stuck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Michigan.

14. INFORMANT T. B. Allen
(Address) 5605 King Hill Av. St. Joseph, Mo.

15. FILED Oct 14, 1929, 19 — John G. Ott, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1929, to Oct. 13, 1929, that I last saw h... alive on Oct. 13, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Strychnine poisoning (Accidental)

(duration) yrs. 15 hours ds.

CONTRIBUTORY (SECONDARY) [illegible]

(duration) 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
(Signed) B. W. Longhofer, M. D.
Oct. 13, 1929 (Address) P. & S. Bldg.

*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: King Hill Cemetery — DATE OF BURIAL: Oct. 15, 1929

20. UNDERTAKER: Fred D. Clark — ADDRESS: 3025 King Hill Av.

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

11 1 9 23 1 2 82