

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

Do not use this space.

**1. PLACE OF DEATH**

County Crawford Registration District No. 233  
Township Liberty Primary Registration District No. 5318  
City Leasburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 625  
Registered No. 211

**2. FULL NAME**

Albert Vincent  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 75 yrs. - 2 mos. - 2 ds. How long in U. S., if of foreign birth? 33 yrs. - 3 mos. - 2 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14<sup>th</sup> 1870

7. AGE  YEARS  MONTHS  DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 6 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) Building  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Reum (STATE OR COUNTRY) France

10. NAME OF FATHER Not known

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT E. J. Lambrecht (Address) \_\_\_\_\_

15. Jan 24, 1930 N. F. Trinn M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24<sup>th</sup> 1930

17. HEREBY CERTIFY, That I attended deceased from Jan 19 1930 to Jan 24 1930 that I last saw him alive on Jan 23 1930, and that death occurred, on the date stated above, at 9:30 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza  
11A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
10A cold

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) N. F. Trinn, M. D.  
Jan 24, 1930 (Address) Leasburg 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 Catholic Cemetery, Leasburg Mo DATE OF BURIAL Jan 25<sup>th</sup> 1930

20. UNDERTAKER Joe E. Hallen ADDRESS Cuba Mo.

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.

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