

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

Do not use this space.

18754

1. PLACE OF DEATH

County..... Butler Registration District No. 89
Township..... Butler Primary Registration District No. 3007
City..... Poplar Bluff St. _____ Ward) _____

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. _____ St., _____ Ward. Campbell mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Col. Vincent
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1897
7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
33 3 13

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

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Dunklin Co. mo.

10. NAME OF FATHER.....
Char. F. Vance

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Franklin Co. Ill.

12. MAIDEN NAME OF MOTHER.....
Mary Hedge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Cape Girardeau mo.

14. INFORMANT.....
(Address) Chas Vance
Brookline mo

15. FILED 74, 19 30 D. B. J. Clume
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930
17. I HEREBY CERTIFY that I attended deceased from _____ to _____, 19____ that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis
92B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 92B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF..... June 6-20-30

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. M. D. M. D.
(Address) Poplar Bluff

*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.....
Stephens Chapel Dunklin Co. June 22 1930

20. UNDERTAKER..... ADDRESS.....
Frank Smith Co Poplar Bluff

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.

MARGIN RESERVED FOR BINDING

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