

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

Do not use this space.

15184

1. PLACE OF DEATH

County Perry
Township Selem
City Selem (No.)

Registration District No. 662
Primary Registration District No. 1880

File No.
Registered No. 7
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward
(Usual place of abode)
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 Male 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 Husband of Jane Vinson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18-1863
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 1 08

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Perry County Mo

10. NAME OF FATHER do not know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) do not know
12. MAIDEN NAME OF MOTHER do not know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

14. INFORMANT David Vinson
(Address) Merfords Mo

15. FILED 4-26, 1931 J F De Laros
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26, 1931
17. I HEREBY CERTIFY, That I attended deceased from April 24, 1931 to April 24, 1931
that I last saw him alive on April 24, 1931, and that death occurred, on the date stated above, at April 24, 3:11 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
apoplexy of Brain
82A
162
Senility (duration) 2 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Senility (duration) 2 yrs. 4 mos. 4 ds.
18. WHERE DISEASE CONTRACTED Place of Death
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? No DATE
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) W. A. Gernert, M. D.
4-26, 1931 (Address) Merfords 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 Pleasant Grove Mo DATE OF BURIAL April 26, 1931
20. UNDERTAKER Zolling & Young ADDRESS Perryville Mo

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.

MAY 27 1931

