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

Do not use this space.

2083

1. PLACE OF DEATH

86 County Putnam — Registration District No. 720 — File No.

Township Liberty — Primary Registration District No. 5951 — Registered No. 1

City ..... (No. ..... St. ..... Ward)

2. FULL NAME James M Vincent

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (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)
Male	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	7	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Liberty Twsp

(STATE OR COUNTRY) Putnam Co Mo 1

PARENTS

10. NAME OF FATHER Jack Vincent

11. BIRTHPLACE OF FATHER (CITY OR TOWN) DK 31

(STATE OR COUNTRY) DK

12. MAIDEN NAME OF MOTHER Johanna Connieleson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DK

(STATE OR COUNTRY) DK

14. INFORMANT Munce Vincent

(Address) Centerville Iowa. RR I

15. Feb 8, 1932 E. E. McClellan
FILED ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1932 19

17. I HEREBY CERTIFY, That I attended deceased from April, 1931, to 1 ..., 1932, that I last saw him alive on 12-22, 1931, and that death occurred, on the date stated above, at 8:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 1 yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 93

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no. DATE OF ..... (1)

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) P. V. Hart, M. D

, 19 (Address) Coatsville 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
Friendship Cemetery	1-4-32 19

20. UNDERTAKER	ADDRESS
Lester E Best	Cincinnati Iowa

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.

FEB 25 1932