

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

Do not use this space.

9690

1. PLACE OF DEATH
 88 County Randolph Registration District No. 729
 1 Township Cairo Primary Registration District No. 5863
 1 City Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Vincent
 (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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Vincent</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/15/1845</u>				
7. AGE	YEARS <u>88</u>	MONTHS <u>5</u>	DAYS <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co Mo</u>				
FATHER	13. NAME <u>Andrew Capps</u>			11. Total time (years) spent in this occupation
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>don't know</u>			11. Total time (years) spent in this occupation
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>			
17. INFORMANT <u>Mrs. J. Vincent</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Presque Isle</u> DATE _____				
19. UNDERTAKER <u>Fred A Thompson</u> (ADDRESS) <u>moderado, Mo</u>				
20. FILED <u>3/12</u> 19 <u>32</u>				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to Mar 12, 1932
 I last saw her alive on Mar 12, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Broken Hip
Signa Break
of right femur
 Date of onset 5
 Other contributory causes of importance:
1860 age
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? yes Date of injury Feb 4, 1932
 Where did injury occur? at home with in floor (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Fall on floor
 Nature of injury Broken Hip

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. P. Allen M. D.
 (Address) Cairo Mo.

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.

APR 28 1932

Registrar.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 729 File No.
 Township Carroll Primary Registration District No. 5963 Registered No. 9
 City St. Louis No. St. Ward)

2. FULL NAME

Elizabeth 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLAC Pleasant View DATE Nov 13 19 32

19. UNDERTAKER (ADDRESS)

20. FILED 3/12 19 32 J.P. Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 19 32

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

I last saw h. alive on, 19..... Death is said to have occurred on the day stated above, at, m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed), M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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.

92

0696