

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

Do not use this space.

15098

**1. PLACE OF DEATH**

County Vernon  
Township Center  
City (No. ....) St. .... Ward)

Registration District No. 875  
Primary Registration District No. 6160

File No. Lane  
Registered No. 97

**2. FULL NAME**

(a) Residence, No. Vernon Co 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. 2 mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |                              |  |
|---|------------------------------|--|
| 3. SEX<br><u>F</u>  | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u>            |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>T. G. Vinwood</u>                      |                              |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>March 25 1907</u>   |                              |  |
| 7. AGE YEARS<br><u>24</u>   | MONTHS<br><u>25</u>          | DAYS<br><u>0</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>235</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.<br><u>House Keeper</u> |                              | 10. Date deceased last worked at this occupation (month and year)<br><u>Jan 1 1932</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Moundville Mo</u>                                  |                              |  |
| 13. NAME<br><u>Evert Tucker</u>   |                              |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Moundville Mo</u>                                  |                              |  |
| 15. MAIDEN NAME<br><u>Sinda Perkins</u>   |                              |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Moundville Mo</u>                                  |                              |  |
| 17. INFORMATION (ADDRESS)<br><u>Sinda Shepherd Nevada Mo</u>  |                              |  |
| 18. BURIAL INFORMATION, OR REMOVAL<br><u>Walton Cemetary DATE 4-21-32</u>                                 |                              |  |
| 19. UNDERTAKER (ADDRESS)<br><u>Ferry Funeral Home Nevada Mo</u>   |                              |  |
| 20. FILED <u>576</u> 19 <u>32</u> <u>E. R. King</u> Registrar.  |                              |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1932

22. HEREBY CERTIFY, That I attended deceased from March 17 1932 to April 20 1932  
I last saw her alive on April 19 1932 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Toxic Psychosis following Influenza & Pneumonia. Date of onset Feb 7/32

Other contributory causes of importance:

none

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? X Date of injury ...., 19...

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

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

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) W. S. Lane, M. D.

(Address) Nevada, 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.

MAY 31 1932

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

