

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

Do not use this space.

38516

1. PLACE OF DEATH

County Bucaran
Township
City St. Joseph Mo (No. _____)

85
Registration District No. _____
Primary Registration District No. 1001

File No. _____
Registered No. 1234
St. _____ Ward _____

2. FULL NAME

Minnie Kincaid

(a) Residence, No. Lawton Missouri 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. 3 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4, 1883</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>7</u>	DAYS <u>11</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>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>Unknown Missouri</u>		
FATHER	13. NAME <u>W. H. Kincaid</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>	
	15. MAIDEN NAME <u>Fannie D. Hubbell</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>	
	17. INFORMANT <u>Hoef. Records</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lawton Mo</u> DATE <u>Dec 18</u> 19 <u>32</u>		
19. UNDERTAKER <u>Simon A. Howe</u> (ADDRESS) <u>Lawton Mo</u>		
20. FILED <u>12-11</u> 19 <u>32</u> <u>John H. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1932

22. I HEREBY CERTIFY, That I attended deceased from October 12 1932, to December 15, 1932. I last saw her alive on December 15, 1932. Death is said to have occurred on the date stated above, at 6:30 P. m. The principal cause of death and related causes of importance were as follows:
Pellagra
676 666

Date of onset Dec 13, 1932

Other contributory causes of importance: Hypoparathyroidism

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932
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? No
If so, specify _____
(Signed) George W. Forman M. D.
(Address) State Hospital #2, St. Joseph Mo

WRITE PLAIN INK, 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.

JAN 21 1933

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