WHITE 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.

JAN 23 1933

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

Do not use this space.

39351

1. PLACE OF DEATH

40 County GRUNDY — Registration District No. 329 — File No. 39351

Township FRANKLIN — Primary Registration District No. 5456 — Registered No. 18

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

2. FULL NAME MARY E. KINCAID

(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: FEMAL
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: JOHN KINCAID

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10 1860

7. AGE: YEARS 72 — MONTHS 5 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWIFE
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): GRUNDY CO. 1

FATHER

13. NAME: DOUGLAS ELLIS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OHIO 2

MOTHER

15. MAIDEN NAME: BETTY ELLIS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OHIO

17. INFORMANT (ADDRESS): J. S. KINCAID SPICKARD MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NORTH EVANS DATE 12/27 1932

19. UNDERTAKER (ADDRESS): Chas. E. Schooler SPICKARD MO

20. FILED DEC 30 1932 E W Ewing Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932 to Dec 26, 1932

I last saw her alive on 26 Dec, 1932 Death is said to have occurred on the date stated above, at 2 P m.

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

	Date of onset
B. Fever	Dec 3-26
Bronchial Pneumonia	Dec 7-26
11A	
107A	

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? No

If so, specify .....

(Signed) H W Ayler, M. D.

(Address) Spickard Mo