EB 27 1934

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

Do not use this space.

29017-A

1. PLACE OF DEATH

County: Cass County — Registration District No.: 151

Township: Caldwater — Primary Registration District No.: 3245

File No.: 6

Registered No.:

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

2. FULL NAME: William A. Vinsant

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*):

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Mattie E. Bagshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1868-7-30

7. AGE: Years 65 — Months 2 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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):

FATHER

13. NAME: James A. Vinsant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER

15. MAIDEN NAME: Mattie E. Bagshaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Mattie E. Bagshaw, Pleasant Hill Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Pleasant Hill Mo DATE: Sept 7/9, 1933

19. UNDERTAKER (ADDRESS): W. W. Tom, Pleasant Hill Mo

20. FILED: 9/6, 1933 — John S. Lamb, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Sept 5, 1933

I last saw h. alive on 10-30 Pm, 1933. Death is said to have occurred on the date stated above, at 11:55 Pm.

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

	Date of onset
Nephritis chronic	
1-1	
1-2	
1-3	

Other contributory causes of importance:

Enlarged Prostate & Bladder

Name of operation: none — 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) Provo R. Payne, M. D.

(Address) Drexel Mo

WRITE 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.