

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

Do not use this space.

30695-A

JAN 26 1934
93

PLACE OF DEATH

County St. Clair
Township E. Payal
City (No.)

Registration District No. 1005
Primary Registration District No. 6009

File No.
Registered No. St. Ward

2. FULL NAME Sallie Lee Kincaid

(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

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Kincaid</u>		
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. <u>housewife</u>		
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) <u>Sherman Texas</u>		
13. NAME <u>William Johnson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knoxville Tenn</u>		
15. MAIDEN NAME <u>Mary Finley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Worcester Massachusetts</u>		
17. INFORMANT (ADDRESS) <u>Wm Kincaid</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Macedonia</u> DATE <u>Sept 28</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>O S Hull</u>		
20. FILED <u>1-9-</u> 19 <u>34</u> <u>Minnie E Gordon</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1933

2. I HEREBY CERTIFY, That I attended deceased from Sept 28 1933 to Sept 25 1933
I last saw her alive on Sept 24 1933 Death is said to have occurred on the date stated above, at 7 9 m.
The principal cause of death and related causes of importance were as follows:
Apoplexy cerebral Date of onset 1933
82A
gait
Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? None 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 , 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) Walter Sutton M. D.
(Address) Osceola Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER

**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. Clair
Township.....
City..... (No.)

Registration District No. 1005
Primary Registration District No. 6009

File No. 30695-A
Registered No.
St. Ward)

2. FULL NAME

Jessie Lee Krenzel

(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 (write the word)

M

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

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

8-9-1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

1

16

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

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED

19...

F. T. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 25, 1933

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 date 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

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNYIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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