

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

Do not use this space.

**1. PLACE OF DEATH**

County Boone  
Township Columbia  
City Columbia (No. ....)

Registration District No. 73  
Primary Registration District No. 3006

File No. 15741  
Registered No. 118  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 716 Fairview St., 1 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 <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-12-1854</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>4</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		
10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/>		11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11-1934

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1933 to May 10, 1934  
I last saw him alive on 5-9-34, 1934 Death is said to have occurred on the date stated above, at 11-9 a.m.  
The principal cause of death and related causes of importance were as follows

Coronary Sclerosis  
74  
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>
13. NAME <u>William Vines</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doubt Know.</u>
15. MAIDEN NAME <u>Easter Furr.</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doubt Know.</u>
17. INFORMANT (ADDRESS) <u>Veneta Edwards</u> <u>Columbia, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Loam grove</u> DATE <u>5-13</u> 19 <u>34</u>
19. UNDERTAKER (ADDRESS) <u>Part. F.C. WTTU.</u> <u>Columbia, Mo.</u>
20. FILED <u>5/12/1934</u> <u>Allie Selby</u> Registrar.

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) W. F. Frickman M. D.  
(Address) Columbia, 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.

JUN 20 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-2000