

SEP 18 1934

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

Do not use this space.

30427

1. PLACE OF DEATH

County Polk
Township Union
City Union (No.)

Registration District No. 700
Primary Registration District No. 6249

File No.
Registered No. 15
St. Ward

2. FULL NAME

(a) Residence, No. J. W. Vincent 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>Male</u> | 4. COLOR OR RACE <u>White</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>Paralee Vincent</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13.. 1852</u> | | |
| 7. AGE | YEARS <u>82</u> | MONTHS <u>7</u> |
| | DAYS <u>12</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>Farm</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)

Tenn.

MOTHER FATHER

13. NAME Hal Vincent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn.15. MAIDEN NAME Elizabeth Hampton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn.17. INFORMANT H. A. Vincent (ADDRESS) Clasrich

18. BURIAL, CREMATION, OR REBURY

PLACE Prescott Ridge, Andover DATE Aug 26, 1934

19. UNDERTAKER Will Mage (ADDRESS) Dadeville Mo.

20. FILED Aug 27, 1934 Dyna Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Aug 25, 1934I last saw him alive on Aug 21, 1934. Death is saidto have occurred on the date stated above, at 1:30 a.m.

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

Apoplexia
528
170
191

Date of onset 2-5-33

Other contributory causes of importance:

Heat Prostration 7-1-34

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) B B Kirby, M. D.

(Address) Dadeville, Mo

