

DEC 1 8 1934

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

Do not use this space.

39341

1. PLACE OF DEATH

County Jackson
Township Waller
City Waugas Cir

Registration District No. 349Primary Registration District No. 3310 Harrison

File No. _____

Registered No. 92

St. _____ Ward) _____

2. FULL NAME

(a) Residence No. 3310 Harrison

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.

Ward. _____

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE Wh

5. SINGLE, MARRIED, WIDOWED, OR

DIVERCED (write the word) Married5A. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF
(OR) WIFE OF Mary E. Vinyard6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Conductor9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Webash10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation. 3512. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Van

MOTHER

13. NAME Hedden Vinyard14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Van15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) No record17. INFORMANT Mrs. Mary E. Vinyard
(ADDRESS) 3310 Harrison

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moberly MoDATE Nov 619. UNDERTAKER Mrs. O. P. Foster
(ADDRESS) 11-420. FILED 11-4

19

34

M. M. Crow

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 193422. I HEREBY CERTIFY, That I attended deceased from
October 15, 1934, to Nov 3, 1934I last saw h. i. m. alive on Nov 3, 1934. Death is said
to have occurred on the date stated above, at 3:30 p. m.

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

General Toxic exhaustion Date of onset 1 year

Other contributory causes of importance:

Influenza Oct 23Name of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) A. M. Price(Address) 1119 Washington St.

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.

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

... STATE OF ...
... should be stated EXACTLY. PHYSICIAN'S ...
... statement of OCCUPATION is very important ...

12/11/14

1114

N.C.C.