

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

Do not use this space.

**FEB 15 1935**

**796**

**1. PLACE OF DEATH**

County Franklin  
Township 2nd  
City (No. 5406)

Registration District No. 288  
Primary Registration District No. #172

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Henry Vincent

(a) Residence, No. \_\_\_\_\_ County Franklin 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 11 22 ✓

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 11 22

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. Farmer  
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) Kentucky

13. NAME Doat Know

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

15. MAIDEN NAME Doat Know

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

17. INFORMANT H. B. Leonard  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Not filed DATE 1-23 1935

19. UNDERTAKER Craighead Co  
(ADDRESS) W. H. Craighead

20. FILED 2-1- 1935 - Thurston  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-25 1934 to 1-21 1935

I last saw him alive on 1-17 1935 Death is said to have occurred on the date stated above, at 5 p.m.

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

Mitral Stenosis  
General Arterio Sclerosis  
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) Thurston, M. D.

(Address) Keokuk 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.

State of Missouri)  
County of Dunklin) SS

State Board of Health,  
Jefferson City, Mo.

Now comes Kate Vincent, who being by me duly sworn upon her oath states that she is the widow of Thomas Henry Vincent, who died at the "County Home" Dunklin County, Missouri, on the 21st day of January, 1935.

That she attended the funeral of the said Thomas Henry Vincent at Mt. Gilead Cemetery, on the 23rd day of Jan. 1935. and knows that the body interred was that of Thomas Henry Vincent and the same as having died on the said 21st day of January, 1935 at the "County Farm" of Dunklin County, Missouri and for whom a Death Certificate was issued through error in the name of James Henry Vincent.

That a Mistake was made in the making out of death Certificate in the name of James Henry Vincent, and same should have been certified to as Thomas Henry Vincent, he being the person, who died and for whom death certificate was supposed to have been issued for.

Witness my hand this 26th day of February, 1935.

Kate Vincent

Subscribed and sworn to before me this 26th day of Feb. 1935

My Com. expires Feb. 20-1937.

Ira M. Moore

**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 Wentworth  
Township.....  
City..... (No. ....) St. .... Ward.....

Registration District No. 288  
Primary Registration District No. 472

File No.....  
Registered No.....

**2. FULL NAME**

(a) Residence, No. James Henry Vincent 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1857

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.  
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, months, days) spent in this occupation.....

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

FATHER 13. NAME

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

MOTHER 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 Feb 1, 1935 Charles Davis, M. D. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1935

22. I HEREBY CERTIFY That I attended deceased from ..... 19....., to..... 19.....

I last saw him..... 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).....

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 UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

MAR 29 1964

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