

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Butler  
Township St. Francis  
City (No. R.F.D., 3)

Registration District No. 998  
Primary Registration District No. 5133  
Poplar Bluff, Mo.

File No. 4821  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ollie D. Vincent

(a) Residence, No. K.R.# 3 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 15, 1935</b>		
7. AGE YEARS	MONTHS	DAYS
	<b>3</b>	<b>29</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Child</b>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 14, 1936**

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1935 to Feb. 14, 1936

I last saw him alive on Jan. 7, 1936 Death is said to have occurred on the date stated above, at 6:30 m. **P.M.**

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

Hydrocephalus, Internal Birth

Other contributory causes of importance: Meningitis, apical (Chr.)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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) J. Lester Hargraves, M. D.  
(Address) Poplar Bluff, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poplar Bluff, Missouri</u>
	13. NAME <u>Floyd Vincent</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Bess McClure</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
17. INFORMANT <u>Floyd Vincent</u> (ADDRESS) <u>R.R. 3 Poplar Bluff, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Mt Zion Cem.</u> PLACE <u>Poplar Bluff,</u> DATE <u>2/15/1936</u>	
19. UNDERTAKER <u>Frank Und. Co.</u> (ADDRESS) <u>Poplar Bluff, Mo.</u>	
20. FILED <u>Mar 4 1936</u> <u>W. J. Goll</u> Registrar.	

