JUN 27 1936

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

Do not use this space.

18929

1. PLACE OF DEATH
County: Clinton
Township: Shoal
City: Cameron (No. ..... St. ..... Ward)

Registration District No. 204
Primary Registration District No. 3013

File No. .....
Registered No. 21

2. FULL NAME: Wm J. Kincaid

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24, 1870

7. AGE: Years 65 | Months 10 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad Laborer
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): West Va.

FATHER
13. NAME: Arch Kincaid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Va

MOTHER
15. MAIDEN NAME: Mittie Kincaid
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Va

17. INFORMANT (ADDRESS): Jerk Kincaid, Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL: Cut over Cem.
PLACE: Altamont Mo DATE: May 8, 1936

19. UNDERTAKER (ADDRESS): O. A. Moore, Cameron Mo

20. FILED: May 7th, 1936 Dr C A Ridley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to May 6, 1936.
I last saw him alive on May 5, 1936. 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
C. P. Ridley	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) C. P. Ridley, M. D.
(Address) Cameron 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.

WHEN PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD