

JUN 24 1936

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

Do not use this space.

19872

1. PLACE OF DEATH

County Ross
Township Lyon
City Edina

Registration District No. 441
Primary Registration District No. 5601a

File No.
Registered No. 17 St. Ward)

2. FULL NAME

Bonnie Jean Kincaid (Swain)

(a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8, 1936</u>		
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.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) <u>Edina, Mo.</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>James Guy Kincaid</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Owensville, Kentucky</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Mamie Anderson</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Owensville, Ky.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>J. Guy Kincaid</u> (ADDRESS) <u>Edina, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edina, Mo.</u> DATE <u>May 9, 1936</u>		
19. UNDERTAKER <u>L</u> (ADDRESS)		
20. FILED <u>May 9, 1936</u> <u>Mr. C. M. Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to May 9, 1936.
I last saw her alive on May 9, 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
Prematurity (Swain) 8 mo.
12/1
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) W. H. Landfather, D.O.
(Address) Edina, Mo.

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

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.

