

JUN 24 1936

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

Do not use this space.

20259

1. PLACE OF DEATH

County Missouri
Township Hayti
City Hayti No. _____

Registration District No. 653
Primary Registration District No. 5864

File No. _____
Registered No. 60
St. _____ Ward _____

2. FULL NAME Lillian Lee Kincaid

(a) Residence, No. Hayti 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 <u>Bay</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 10 36</u>		
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.	
	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) <u>Hayti</u>		
FATHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Mable Kincaid</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hayti</u>	
	17. INFORMANT (ADDRESS) <u>Lillian Kincaid</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hayti</u> DATE <u>5-25-36</u>		
19. UNDERTAKER (ADDRESS) <u>John E. Fisher</u>		
20. FILED <u>6-10-36</u> <u>J. W. Rhodes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/24/36 19__

22. I HEREBY CERTIFY, That I attended deceased from May 24 only 19__
I last saw her 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:
Colic.
Date of onset _____

Other contributory causes of importance:
1000

Name of operation _____ Date of _____
What test confirmed diagnosis? U. S. 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) Lillian Lee Kincaid, M. D.
(Address) Hayti

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.

