JUL 28 1936

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

Do not use this space.

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No. 25935

Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo. (No. , St. 3d Ward)

2. FULL NAME KINCAIDE, Edward

(a) Residence, No. Veterans Administration Facility Excelsior Springs, Mo. St., Ward. 925 East 17th St. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1890

7. AGE: YEARS 46 — MONTHS 6 — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coal Hill, Arkansas

FATHER

13. NAME Charlie Kincaide (deceased)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Ellen Brown (deceased)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery Ft. Leavenworth, Ks DATE 7-14-36, 19

19. UNDERTAKER (ADDRESS) John C. Prather Excelsior Springs, Mo.

20. FILED 7-11-1936 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935, 19, to July 11, 1936, 19

I last saw him alive on July 11, 1936, 19 Death is said to have occurred on the date stated above, at 3:45 m. A.M.

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

	Date of onset
Nephritis, chronic	
131	
Other contributory causes of importance:	
Arteriosclerotic heart disease	

Name of operation none Date of --

What test confirmed diagnosis? Exam & Obs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) H. C. HARDEGREE, MD, Clinical Director

(Address) Veterans Administration Facility Excelsior Springs, 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.