

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

Do not use this space.

AUG 31 1936

File No. 29688
 Registered No. 30
 St. _____ Ward)

1. PLACE OF DEATH

County Webster Registration District No. 896
 Township Grant Primary Registration District No. 6199
 City Marshfield No. _____ St. _____ Ward)

2. FULL NAME

Irena Z. Vinyard

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Vinyard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1861

7. AGE YEARS 75 MONTHS 4 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation. life

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

FATHER 13. NAME John H. Atkinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Irene Rush

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison, Arkansas

17. INFORMANT Thurman Vinyard (ADDRESS) Marshfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshfield DATE July 3, 1936

19. UNDERTAKER Ex Rainey (ADDRESS) Marshfield, Mo.

20. FILED July 3, 1936 Elizabeth Highfill Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935 to July 1, 1936
 I last saw her alive on June 14, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Colon - at Splenic Flexure Date of onset 1935

Other contributory causes of importance: 4/4

Name of operation None Date of _____
 What test confirmed diagnosis? X-Ray 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. Macdonnell, M. D.
 (Address) Marshfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

