

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.

OCT 1 1936

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

Do not use this space.

33487

1. PLACE OF DEATH

County Webster Registration District No. 898  
Township Marshall Primary Registration District No. 6204  
City Marshfield (No. ....) St. .... Ward)

2. FULL NAME

Charles Ray Kincannon  
(a) Residence, No. Route 1, Fordland 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Webster Co. Mo.

13. NAME Otis Ray Kincannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co. Mo.

15. MAIDEN NAME Leona Lawson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co. Mo.

17. INFORMANT Ray Kincannon (ADDRESS) Rt #1 Fordland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cass Chapel DATE Aug. 9 1936

19. UNDERTAKER Kelley Smully (ADDRESS) Fordland Mo

20. FILED Aug 21 1936 Lester W. Good Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1936

22. I, HEREBY CERTIFY, That I attended deceased from Birth, Aug 7, 1936, to Aug 8, 1936

I last saw h. l. m. alive on Aug 8, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Premature Infant Date of onset Aug. 7

Other contributory causes of importance:

Atelectasis  
Bronch. Pneumonia

Name of operation No 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 .....

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 C. P. McDowell M. D.  
(Signed) Marshfield, Mo. (Address)

