

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

Do not use this space.

JAN 22 1937

45681

**1. PLACE OF DEATH**

County Jefferson  
Township Jefferson  
City Jefferson

Registration District No. 643  
Primary Registration District No. 3-85-2

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Troy Kilford Vincent

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
2nd day

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13/1936

7. AGE YEARS 22 MONTHS \_\_\_\_\_ DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. \_\_\_\_\_

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) Cooper Hill mo

13. NAME Joseph Gilbert Vincent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Durham mo

15. MAIDEN NAME Minnie M Leach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Hill mo

17. INFORMANT (ADDRESS) Joseph G Vincent

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Cemetery DATE Dec. 21 1936

19. UNDERTAKER (ADDRESS) J. L. Leach

20. FILED Jan 11 1937 Mrs. Gen. Golman Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from Nov 15 1936 to Dec 19 1936

I last saw him alive on Dec 19 1936 Death is said to have occurred on the date stated above, at 6:20 p.m.

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

Typhoid fever Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Physician's 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 Dr Charles P Leach (Signed) \_\_\_\_\_, M. D.

(Address) Bland #3 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.

