

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.

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

Do not use this space.

JAN 27 1937

47286

1. PLACE OF DEATH
 County Scott Registration District No. 619
 Township Mosley Primary Registration District No. 4495
 City Mosley (No. _____) St. _____ Ward _____

2. FULL NAME Mill Kencaid
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/1/19

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>17</u>	<u>1</u>	<u>5</u>	<u>5</u>

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

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) Wilson Ark.

MOTHER FATHER

13. NAME Connie Kencaid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union City Tenn.

15. MAIDEN NAME Bulah Mizze

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mosley Mo.

17. INFORMANT Connie Kencaid
(ADDRESS) Mosley Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mosley Mo. DATE 4/2/7 1936

19. UNDERTAKER (ADDRESS) Edm Supton Mosley

20. FILED 1-5 1937 Amey & Boyer Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 12/6, 1936
 I last saw him alive on 12/6, 1936 Death is said to have occurred on the date stated above, at 1.04 m.
 The principal cause of death and related causes of importance were as follows:
undulant fever 11/10/36
 Date of onset _____

Other contributory causes of importance:
acute myocarditis
(?)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) J. A. Chime M. D.
 (Address) Osage Mo.

