

MAR 17 1937

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

Do not use this space.

5421

1. PLACE OF DEATH

County Cass Registration District No. 162
Township Peculiar Primary Registration District No. 5227
City Peculiar (No. 1) St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. George R. Vinton St. 1 Ward 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Maggie J. Vinton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1866
7. AGE YEARS 74 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. Retired Farmer
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) West Virginia

13. NAME William Vinton

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

15. MAIDEN NAME Martha Moorehead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Nell E. McBrath
5742 E. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Moriah DATE 2/18 1937

19. UNDERTAKER (ADDRESS) Remembrance Burial
4 Harrisonville, Mo.

20. FILED 2/14 1937 Walter V. Robinson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1937

22. I HEREBY CERTIFY, That I attended deceased from February 10 1937 to February 12 1937
I last saw him alive on February 12 1937. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Carcinoma of Stomach Date of onset ?

Other contributory causes of importance: Chronic Myocarditis 1

Name of operation..... 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.....
(Signed) Walter V. Robinson, M. D.
(Address) Peculiar, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

B. J. ...

