

MAR 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

35 County Dunklin Registration District No. 282 File No. 5732  
Township Union Primary Registration District No. 5401 Registered No. 15  
City (No. ) St. Ward

## 2. FULL NAME

Minerva Jane Vincent  
(a) Residence, No. Campbell St., Mt. Ward. (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 Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. Vincent  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1850  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 76 8 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Jenn.13. NAME Elyjah Hlsup14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK.15. MAIDEN NAME UK.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK.17. INFORMANT Mrs. A. Warren  
(ADDRESS) Campbell, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Vincent, Cem. DATE Feb. 29, 193719. UNDERTAKER Wandess & Son  
(ADDRESS) Campbell, Mo.20. FILED Feb. 27, 1937 E. N. Landess  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1937, to Feb 27, 1937

I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 10 a.m.

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

Influenza

Date of onset

Other contributory causes of importance:

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 of injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John Brown, M. D.(Address) Campbell, 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.

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