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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County: BUCHANAN — Registration District No. 86 — File No. 11301

Township: WASHINGTON — Primary Registration District No. 5127 — Registered No. 12

City: ST. JOSEPH, (No. HIGHWAY #71 St. Ward)

2. FULL NAME CORNELIUS FRANCISCO VINQUIST

(a) Residence, No. FAUCETT, MISSOURI St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred UNK yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 11, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	22	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): FEB. 27, 1937

11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OREGON, MISSOURI

FATHER

13. NAME: ANDREW A. VINQUIST

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SWEDEN

MOTHER

15. MAIDEN NAME: ANNA PEARL SAHLINE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

17. INFORMANT (ADDRESS): MR. & MRS. ANDREW A. VINQUIST, Faucett, Mo.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ PLACE: OREGON, MO. DATE: MARCH 2, 1937

19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN. ST. JOSEPH, MO.

20. FILED: March 2, 1937 B. W. Tadlock M.D. M.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEBRUARY 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937, to Viewed, 19

I last saw h alive on, 19 Death is said to have occurred on the date stated above, at 8:00 P.M.

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

Injuries received when the car in which he was riding went over an embankment on highway No 71 3 miles so, of St Joseph, none

Date of onset: 2/27-37

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? History Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/27, 1937

Where did injury occur? Buchanan County Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury: Auto accident

Nature of injury: Fractured skull

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) St Joseph, Mo.