

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Perry  
Township Salem  
City Mary Jay Vinson

Registration District No. 662  
Primary Registration District No. 5880

File No. 24533  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary Jay Vinson

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Ben Vinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 11 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Perry Co., Mo

PARENTS

10. NAME OF FATHER Mouron Cox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Margaret Favell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Unknown

14. INFORMANT George Vinson

(Address) St. Genevieve Mo

15. FILED 674, 1937 J. D. DeLassus

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1937

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to June 13, 1937, that I last saw her alive on June 13, 1937, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Ends harditis  
Chronic  
Rheumatism

CONTRIBUTORY (SECONDARY) Rheumatism

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Place of Death

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) W. H. Thompson, M. D.

, 19 (Address) Memphis Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pleasant Grove Cemetery June 13 1937

20. UNDERTAKER

ADDRESS

Young & Sons Perryville

215

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Perry  
Township Sales  
City                      (No.                     )

Registration District No. 662  
Primary Registration District No. 3880

File No. 24533  
Registered No.                       
St.                      Ward                     

2. FULL NAME

Mary Jane Vinson  
(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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
70 11 1

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6-14-1937 J. T. DeLoe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from to, 19

I last saw him alive on , 19. Death is said

to have occurred on the day stated above, at, m.

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

Encephalitis Date of onset 4 years  
Chronic

Other contributory causes of importance:

Rheumatism

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) M. H. Abernathy, M. D.

(Address) Memphis Tenn

24533