

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

Do not use this space.

DEC 16 1937

1. PLACE OF DEATH

County cedar Registration District No. 163
Township _____ Primary Registration District No. 4095
City El Dorado Spgs (No. _____) St. _____ Ward _____

File No. 40946
Registered No. 62

2. FULL NAME Chas. R. Vincent

(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 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 Goldie Vincent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26 1885

7. AGE YEARS 52 MONTHS 8 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister of Gospel
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. preaching
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 15-10-30-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halpaway Polk Co Mo.

MOTHER FATHER
13. NAME John Vincent

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

15. MAIDEN NAME Jane Potter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co Mo.

17. INFORMANT Mrs Goldie Vincent (ADDRESS) El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nash Okla DATE Nov 29 1937

19. UNDERTAKER Geo W. Hays (ADDRESS) 206 S main El Dorado Spgs Mo

20. FILED 11-28 1937 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1937, to _____, 19____
I last saw him alive on Nov 27, 1937 Death is said to have occurred on the date stated above, at 9:15 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset _____

Other contributory causes of importance: _____

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

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) J. W. Hays 3
(Address) El Dorado Spgs Mo 20

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40946

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 163
 (b) Township Primary Registration District No. 4095
 (c) City Eldorado Spgs (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 62

2. PRINT FULL NAME Chas. P. Vincent

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
52 8 1

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister of the Gospel
 9. Industry or business in which work was done, as saw mill, bank, etc. Pres. of Cong.
 10. Date deceased last worked at this occupation (month and year) 10-30-37 11. Total time (years) spent in this occupation 15

Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME

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

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

MOTHER 15. MAIDEN NAME

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

Manner of injury... Nature of injury

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED 11-28-1937 J. W. Dawson Local Registrar

(Signed) J. C. Woodinghouse, M. D. (Address) Eldorado Springs mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

