

REC'D MAY 18 1938

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

14510

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 242
(b) Township Boone Primary Registration District No. 5094
(c) City Ava, Missouri (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.

2. PRINT FULL NAME Dell Vinson

(a) Residence, No. Route Ava, Missouri 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

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-16-1938/19</u>		
7. AGE YEARS <u>20</u>	MONTHS <u>1</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as 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) <u>Ava, Missouri.</u> (STATE OR COUNTRY) <u>Route</u>		
13. NAME <u>J.W. Vinson</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Ava, Missouri</u> (STATE OR COUNTRY) <u>Boone Township</u>		
15. MAIDEN NAME <u>Alta Love,</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Kansas Cit., Mo.</u> (STATE OR COUNTRY)		
17. INFORMANT <u>J. W. Vinson</u> (ADDRESS) <u>Ava mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Turkey Creek</u> DATE <u>4-19-1938</u>		
19. FUNERAL DIRECTOR <u>Friends</u> (ADDRESS)		
20. FILED <u>5-9</u> 19 <u>38</u> <u>Nancy Beatty</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-1938₁₉

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

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:

Subacute Bacterial
Infective

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 or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) M. C. Hendry, M. D.(Address) Ava, Mo.

Dr. M. C. Gentry

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)