

REC JAN 17 1939

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

44747
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Center Primary Registration District No. 3039
(c) City Nevada (d) Street No. _____ Registered No. 313
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

William G. Vincent
(a) Residence, No. W. Cherry Street 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Vincent
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
84 9 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Agent - Sewing
9. Industry or business in which work was done, as saw mill, bank, etc. machines
10. Data 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) Washington, Iowa

13. NAME James Vincent

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

15. MAIDEN NAME Mary McCall

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

17. INFORMANT Mrs. Amanda Vincent (ADDRESS) Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopler, Kansas DATE Dec. 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ways Funeral Service Nevada Mo.

20. FILED 12/26/38 Allen & Wayne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1938

22. I HEREBY CERTIFY That I attended deceased from Dec. 16, 1938, to Dec. 24, 1938
I last saw him alive on Dec. 23, 1938. Death is said to have occurred on the date stated above, at 7:00 A.M.
The principal cause of death and related causes of importance were as follows:

Chr. interstitial nephritis Date of onset 12-14-38
12-22-38
Other contributory causes of importance: Acute bronchitis
Uremia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
If so, specify _____
(Signed) Dr. King, M. D.
(Address) Nevada 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.

RECEIVED
District Health Officer No. 7
1-13-39
District File Number 1-247-146
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Allen V. Kays*

Licensed Embalmer No. *1963*

P. O. Address *Nevada, Mo*

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.)

If this body is not embalmed, above space should be left blank.