REC'D FEB 27 1939

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

Do not use this space.

3637

1. PLACE OF DEATH

County Ray 2 Registration District No. 544

Township Primary Registration District No. 3035

City Richmond (No. 1 St. Ward)

File No.

Registered No. 200

89 5 1

523

2. FULL NAME William Franklin Kincaid

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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: Nora Lee. Kincaid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 26 .1868

7. AGE: YEARS 70 MONTHS 11 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Knoxville Mo. 0

FATHER

13. NAME: Franklin Kincaid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tenn. 1

MOTHER

15. MAIDEN NAME: Martha Vanbebber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tenn.

17. INFORMANT (ADDRESS): Willobelle Summers Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kincade Cemetery DATE Jan. 27, 1939

19. UNDERTAKER (ADDRESS): E. Thurman Richmond Mo.

20. FILED Jan 30, 1939 Mabel Jackson Registrar.

Dep. Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Jan 26, 1939

I last saw him alive on Jan 25, 1939 Death is said to have occurred on the date stated above, at 4/45 A.M.

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

Coronary sclerosis — Date of onset 11-1-38

92 W

Other contributory causes of importance:

Chronic myocarditis
Arteriosclerosis
Aortic insufficiency

Name of operation none Date of

What test confirmed diagnosis? P. Ex 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) H. W. Griffith, M.D.

(Address) Richmond Mo

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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. 8,
District File Number
Date Filed 11/7/39