

REC'D SEP 20 1939

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

29349

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 400
(b) Township Prairie 1 Primary Registration District No. 55537 Registered No. 168
(c) City Little Blue Mo (d) Street No. Jackson Cottage 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 HORACE VINE YARD

(a) Residence, No. 1618 Trost Kc Mo 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
59 Unknown

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

9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed

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) Memphis, Tenn13. NAME Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT (ADDRESS) maud vapien 1116 E. 16th18. BURIAL, CREMATION, OR REMOVAL 8-27-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Wester Dental Col 1000 + 42nd street K.C. Mo.20. FILED 8/23/1939 Sara S. Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18-39 19

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1939, to Aug 18, 1939
Last seen alive on Aug 11, 1939 Death is said to have occurred on the date stated above, at 2:00 a.m.

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

Arterio-sclerotic insufficiency

Other contributory causes of importance: 926Name of operation None Date ofWhat test confirmed diagnosis? Phys. Exam 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

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 H.W. Booker (Signed) _____, M. D.(Address) 2028 Vine St.

W. J. ...

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 *Edw. J. ...*

Licensed Embalmer No. *3836*

P. O. Address _____

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.