

AUG 14 1940

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

Do not use this space.

24831

1. PLACE OF DEATH

County Cape Girardeau
Township Apple
City White Water (No. 3)

Registration District No. 130
Primary Registration District No. 4073

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 536 Larry Vinters
(Usual place of abode) White Water, Mo. Ward.

(If nonresident, give city or town and State)

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 <u>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or min. <u>40</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>infant</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Water, Mo.

MOTHER FATHER
13. NAME George Vinters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage, Mo.

15. MAIDEN NAME Maryle Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger, Mo.

17. INFORMANT (ADDRESS) George Vinters

18. BURIAL, CREMATION, OR REMOVAL White Water, Mo.

PLACE DATE

19. UNDERTAKER (ADDRESS) 873

20. FILED July 25, 1940 Mrs. M. Stuckler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1940
22. I HEREBY CERTIFY That I attended deceased from July 6, 1940 to July 6, 1940
I last saw him alive on July 6, 1940 Death is said to have occurred on the date stated above, at 5 P. M.
The principal cause of death and related causes of importance were as follows:

Failure of heart Valve to Close

Other contributory causes of importance: 157 C

Name of operation Date of
What test confirmed diagnosis? none 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify W. W. Davault, M. D.
(Signed) W. W. Davault M. D.
(Address) Allenville, 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.

