

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

25723
Do not use this space.

FILED AUG 9 1943

1. PLACE OF DEATH

(a) County Dumas Registration District No. 4997
 (b) Township _____ Primary Registration District No. 269 Registered No. 20
 (c) City Coates (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 JENNIE VINSON

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. J. Vinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Wife
 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) Tenn

13. NAME John Wallace

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

15. MAIDEN NAME Sallice Perichett

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

17. INFORMANT (ADDRESS) J. J. Vinson

18. BURIAL, CREMATION, OR REMOVAL PLACE Coates, Ark. R. DATE _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Green
Harrodsville, Mo.

20. FILED 8-2-43 19 C. C. Limbaugh
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1943

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1943, to July 8, 1943
 I last saw her alive on July 7, 1943. Death is said to have occurred on the date stated above, at 10 A. M.
 The principal cause of death and related causes of importance were as follows:

Acute Peritonitis
 Abscess Psoas
 Date of onset 7/7

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? _____
 If so, specify _____
 (Signed) R. E. Cooper, M. D.
 (Address) Coates

7-43-238

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 _____

Licensed Embalmer No. _____

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.