

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.

DEC 19 1934

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

Do not use this space.

40298

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3002

City Sedalia (No.       )

File No. 395

Registered No. 668

St.        Ward       

2. FULL NAME

Infant of Mrs. Carl Vinson

(a) Residence, No. 271 St.        Ward       

(Usual place of abode)

(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>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>      </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 24-1934</u>		
7. AGE YEARS <u>      </u>	MONTHS <u>      </u>	DAYS <u>      </u>
If LESS than 1 day, <u>8</u> hrs. or <u>      </u> min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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) Sedalia (STATE OR COUNTRY) mo

13. NAME Carl Vinson

14. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) mo

15. MAIDEN NAME Cordelia Beiler

16. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) mo

17. INFORMANT Carl Vinson (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Hill DATE 11/25/34 19      

19. UNDERTAKER Mrs. Laughlin Bros (ADDRESS) Sedalia

20. FILED Nov 25 1934 Frank Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/24/34 19      

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1934 Nov 24, 1924

I last saw him alive on Nov 24, 1924 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:

Congenital  
Alcoholism  
161A 2:161A

Other contributory causes of importance:

Heart Murmur

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 Do not know

(Signed)        M.D.

(Address) Sedalia mo

