

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.

THIS IS A PERMANENT RECORD

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

MAR 28 1935

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3032

City Sedalia

(No. 1618 So Brown

2. FULL NAME

Arthur Paul Vinson Jr.

1618 So Brown

(a) Residence, No.

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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

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

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

Apr. 18 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

9

19

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)
(STATE OR COUNTRY)

Sedalia Mo

FATHER

13. NAME

Arthur P Vinson

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

Mo

15. MAIDEN NAME

Myrtle Hess

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

Mo.

17. INFORMANT
(ADDRESS)

Arthur P Vinson
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Hill

DATE Feb 19

1935

19. UNDERTAKER
(ADDRESS)

Gillespie Funeral Home
Sedalia Mo.

20. FILED Feb 19

1935

Jeau Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17/35, 19

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 17 - 1935 to Feb 17 - 1935

I last saw him alive on Feb 17 - 1935 Death is said

to have occurred on the date stated above, at 2 P. m.

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

Mucobranous Oropharynx Date of onset

Diphtheria

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

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

(Signed)

(Address)

M. D.

Do not use this space.

6364

File No.

Registered No.

St.

Ward

