

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

Do not use this space.

MAR 17 1936

5014

1. PLACE OF DEATH
County Doss Registration District No. 157
Jones, Pleasant Hill, Mo Primary Registration District No. 4091
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 7

2. FULL NAME Nellie Sophia Kincaid
(a) Residence, No. 317 N Taylor 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1872
7. AGE YEARS 63 MONTHS 4 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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. House keeper
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) Missouri

13. NAME Luzie Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Rutland Vermont

15. MAIDEN NAME Hannah Jane McVish

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

17. INFORMANT Ernest Richter
(ADDRESS) Pleasant Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE Feb 23 1936

19. UNDERTAKER W. W. Han
(ADDRESS) Pleasant Hill Mo

20. FILED Feb. 23 1936 Mrs. Etta M. Aldridge
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936 to Feb. 22, 1936
I last saw her alive on Feb. 21, 1936. Death is said to have occurred on the date stated above, at 20 m.
The principal cause of death and related causes of importance were as follows:
Bronchitis - Pneumonia

Other contributory causes of importance:
Bronchitis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 16

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? No
If so, specify _____

(Signed) F. V. Murray, M. D.
(Address) Pleasant Hill, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

