

MAR 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

 35 County Dunklin
 Township Union
 City _____ (No. _____)

 Registration District No. 282
 Primary Registration District No. 5401

 File No. 5732
 Registered No. 15 St. _____ Ward _____

2. FULL NAME

Minerva Jane Vincent
 (a) Residence, No. Campbell St., Mo. 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 Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. Vincent
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 76 8 23

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) Ienn.

 13. NAME Elyjah Hlsup
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK.

 15. MAIDEN NAME UK.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK.

 17. INFORMANT Mrs. A. Warren
 (ADDRESS) Campbell, Mo.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Vincent, Cem. DATE Feb. 29, 1937

 19. UNDERTAKER Wandess & Son
 (ADDRESS) Campbell, Mo.

 20. FILED Feb. 27, 1937 E. W. Landess
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1937, to Feb 27, 1937

I last saw h. alive on _____, 19____. 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:

Influenza

Date of onset

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) _____

(Address) _____

M. D.

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