

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi
Towship Wright
City Wright

Registration District No. 5725
Primary Registration District No. 5725

File No. 27951
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Jessie Vinson

(a) Residence No. The Cracker farm St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29th 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
13 6 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) _____

10. NAME OF FATHER J. H. Vinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wayfield
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Fannie Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Johnson County
(STATE OR COUNTRY) Ill.

14. INFORMANT X J. H. Vinson
(Address) Wright Mo.

15. FILED 8/14, 1928 admanhall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 5 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-14 19 28

17. I HEREBY CERTIFY, That I attended deceased from 8/11 to 8/14 1928
that I last saw him alive on 8/11, 1928, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pneumonia
107A (duration) _____ yrs. mos. da.

CONTRIBUTORY General Debility
(SECONDARY) (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 107A
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? spec
(Signed) J. H. Vinson, M. D.
8/14, 1928 (Address) Wright Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ammon No Cemetery DATE OF BURIAL 8/14 1928

20. UNDERTAKER Livestock Co ADDRESS Charleston Mo

M. 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.

1928

