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

Do not use this space.

38387

File No.

Registered No. 11003

1. PLACE OF DEATH

County

Township

City St. Louis (No. City / Berkeley St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME James Vinson

(a) Residence. No. 1733 Rutger St., 22 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19 - 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	35	7	20.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Thompsonville
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER James H. Vinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Thompsonville
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Martha Spain

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

14. ~~The filling of this Informant~~
INFORMANT E. Kennedy
(Address) City / Berkeley

15. FILED Nov 10 1928 Mary C. Hardesty
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1928, to Nov 8 1928, that I last saw h. alive on Nov 8 1928 and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Parenchymatous Nephritis
Fatty degeneration of Liver
Ch. Myocarditis. Alcoholic

131
124 B
73 C

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. Berg, M. D.

11/8, 1928 (Address) City / Berkeley

*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 Thompsonville Ill. DATE OF BURIAL 11-12 1928

20. UNDERTAKER Cullinane Bros ADDRESS 1710 N. Grand

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.

Room 10

Unison