

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH, (No. HIGHWAY #71)

Registration District No. 76
Primary Registration District No. 5127

File No. 11302
Registered No. 13
St. 9 Ward

2. FULL NAME IVAN FREDERICK VINQUIST

(a) Residence, No. FAUCETT, St. 100, Ward. 7
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 1, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
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) FEB, 27, 1937
11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS

13. NAME ANDREW A. VINQUIST

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

15. MAIDEN NAME ANNA PEARL SAHLINE

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

17. INFORMANT MR. & MRS. ANDREW VINQUIST (ADDRESS) FAUCETT, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE OREGON, MO. DATE MARCH 2, 1937

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 COL HOUN ST. ST. JOSEPH,

20. FILED March 2, 1937 B. H. Tadlock, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 27, 1937 19 viewed

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937, to 37, 1937.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m. 8:00 P.M.

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

Injuries received when the car in which he was riding went over an embankment on Highway 71-3 miles So. of St Joseph, Date of onset Feb-37

Other contributory causes of importance: none

Name of operation none Date of.....
What test confirmed diagnosis? History Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/27/37

Where did injury occur Buchanan County Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

public place Manner of injury Auto accident

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? Y

If so, specify ALL Tadlock M. D. (Address) St. Joseph, Mo.

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.

