REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County Franklin
Township Central
City ~~Saint Clair~~ (No. ..... , ... St. ..... Ward)

Registration District No. 294
Primary Registration District No. 5409B

File No. 14579
Registered No. .....

2. FULL NAME William Sincox 522

(a) Residence, No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Mt. Hope, Mo. 0

FATHER
13. NAME Thomas Sincox 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool, England. 4

MOTHER
15. MAIDEN NAME Elizabeth Pierce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool, England.

17. INFORMANT (ADDRESS) Richard Sincox St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Saint Clair, Mo. DATE April 15, 1938

19. UNDERTAKER (ADDRESS) Wm. Casey & Co. St. Clair, Mo.

20. FILED Apr. 22, 1938 W H Duckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 9th, 1937, to April 13th, 1938
I last saw him alive on April 13, 1938. Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1937
Other contributory causes of importance: Exposure & Cold & wet	Aug 27

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) C. F. Brieglebi, M. D.
(Address) St. Clair, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.