

REC'D AUG 19 1939

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

27030
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis ² Registration District No. 842
 (b) Township Pine ¹ Primary Registration District No. 6104
 (c) or City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. J. Kincaid</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27 1853</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>6</u>
	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as 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) <u>Missouri</u> ⁰		
FATHER	13. NAME <u>Unknown</u> ⁹	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> ¹	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Jim Kincaid</u> <u>Crane Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crane</u> DATE <u>7/10</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Crane & Mansure</u> <u>Crane Mo</u> <u>766</u>		
20. FILED <u>7-25-39</u> <u>Mrs Ethel Doggett</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1939

22. I HEREBY CERTIFY That I attended deceased from Apr. 10 - 1938, to July 9 - 1939
 I last saw her alive on July 15 - 1939. Death is said to have occurred on the date stated above, at 1:30 A. m.
 The principal cause of death and related causes of importance were as follows:
Cardio-vascular - Renal disease Date of onset 1935
121

Other contributory causes of importance:
senility

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) H. L. Terry, M. D.
 (Address) Crane Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 6,

District File Number 839-1664

Date Filed AUG 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George H. Manlove

Registered Apprentice No.

working under my personal supervision.

Signed George H. Manlove

Licensed Embalmer No. 3827

P. O. Address Crane Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.