

FILED MAR 16 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH6433
Do not use this space.

1. PLACE OF DEATH

(a) County Tallas Co 2 Registration District No. 247
 (b) Township Washington Primary Registration District No. 5342
 (c) City _____ or _____
 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

Mary Ann Vincent
 (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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 3 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housework
 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) Callaway Co Mo.

FATHER
 13. NAME Richard Vincent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
 15. MAIDEN NAME Susan Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT J. A. Thurman
 (ADDRESS) Conway Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Baptist DATE 12/12/39 19.

19. FUNERAL DIRECTOR (NAME) W. E. Halman
 (ADDRESS) Subanen Mo

20. FILED 3-8-40 J. J. Faltor
 (Address) _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/11/39 19.

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....
 I last saw h. ca alive on about one yr ago, 19..... Death is said to have occurred on the date stated above, at 10:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Don't know

Date of onset

Other contributory causes of importance: 277 (g)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) J. W. Lindsay, M. D.

204 (Address) Conway

(Licensed Embalmer's Statement on Reverse Side)

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.

I X1605

RECEIVED
District Health Officer No. 7,
District Health Number 3-40-484
District File Number 3-14-40
Date Filed

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.....

No Embalming
....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. E. Holman*
.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6433

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 247

Primary Registration District No. 5342

Registrar's No.

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Washington
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dallas
(c) City or town Rural
(d) Street No.
(e) If foreign born, how long in U.S.A.?

3. (a) PRIMARY FULL NAME Mary Ann Vincent

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex 7
5. Color or race W
6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 06
If less than one day

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4-40 (b) L. H. Talbot (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 12 day 11
year 1939 hour minute M.

21. I hereby certify that I attended the deceased from
to
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature J. W. Lindsay (M. D. or other)

Address Conway

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTAL

