

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

Do not use this space.

36523

1. PLACE OF DEATH

73 County St. Louis Registration District No. 608
Township East Franklin Primary Registration District No. 5809
City St. Louis (No. _____) St. _____ Ward _____

File No. _____

Registered No. 21

2. FULL NAME

Berilda Gene Kincaid (Jennie G.)
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Joseph W. B. Kincaid

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28 1858

7. AGE YEARS MONTHS DAYS 73 11 10
IF LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Cumberland Gap
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER C. Kincaid

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lebanon
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Clay Sharp

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

14. INFORMANT Bro. Arch. Helgerson
(Address) Fairview Mt.

15. FILED Dec 5 1932 L. N. Pinnell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1932

17. I HEREBY CERTIFY, That I attended deceased from April 1932 to Nov 15 1932, and that I last saw her alive on Nov 10 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
Sept 9 1932
(duration) yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY) 9 1/2
(duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S. H. Russell M. D.
Nov 16, 1932 (Address) Fairview Mt.

*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.

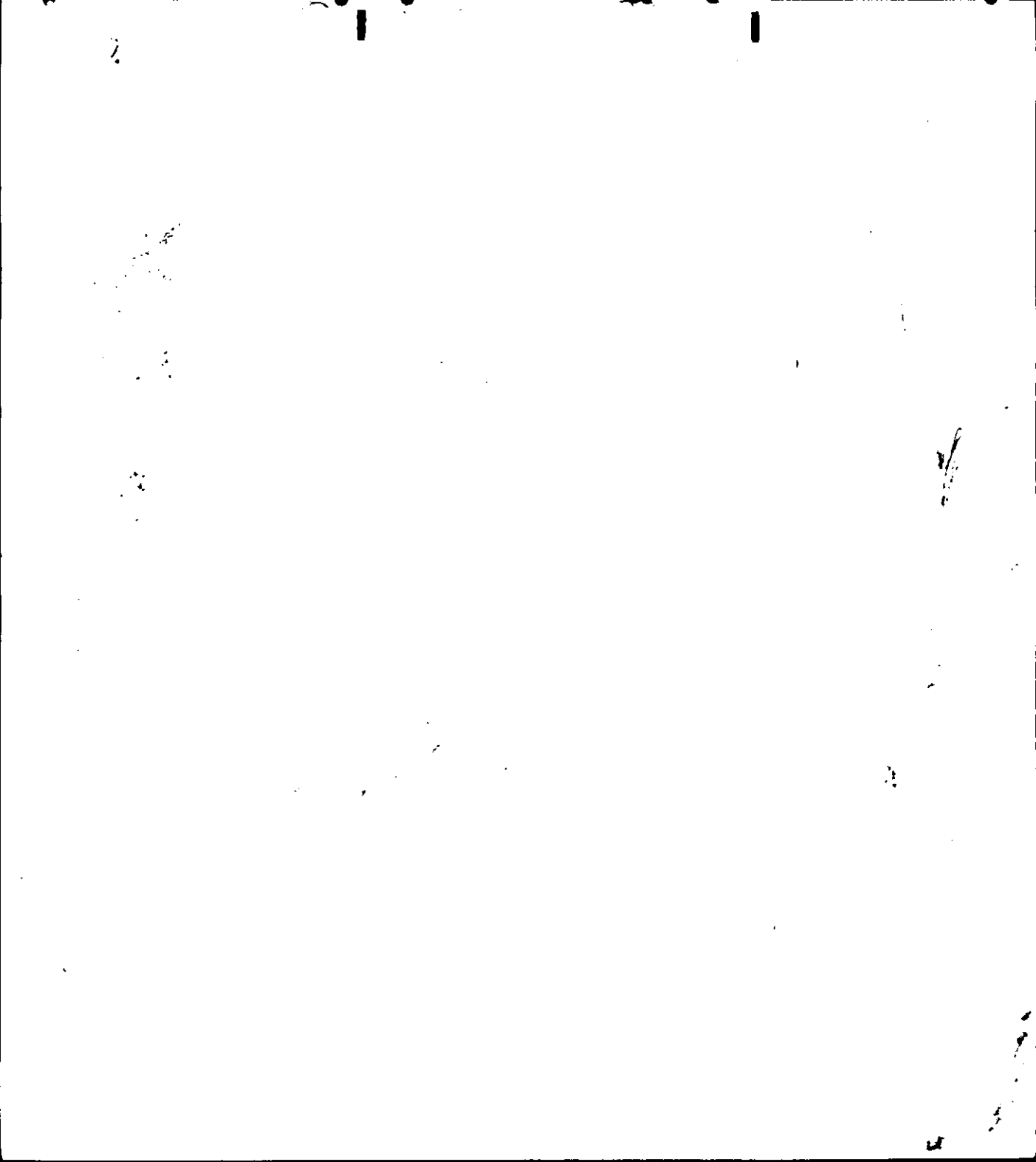
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wright Cemetery DATE OF BURIAL Nov 18 1932

20. UNDERTAKER W. H. Maloney ADDRESS Fairview Mt.

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.

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State of Missouri } 53
County of Newton

I, Josie Wolgamott, age 46 years First-being sworn
state that I am the daughter of Jennie V.
Kincaid and state that my mother was
born Nov 25th 1858 and has always signed
her name Jennie V. Kincaid ever since her
marriage to Joseph VanBuren Kincaid my father
I further more state that I make this
affidavit in order that the local Registrar
may correct the errors made in the death
certificate of my mother #1123 which reads Serilda
Jane Kincaid and should be corrected to read Jennie V.
Kincaid, also the date of her birth should read born
Nov 25-1858 instead of Dec 25-1858. Further state that
my mother has during my life signed her name Jennie V.
all papers including warranty deeds &c.

Mrs Josie Wolgamott

Sworn and subscribed to before me this the 21st
day of February 1933 at my office in Fairview
Newton County, Missouri.

my term expires
Nov 14th 1936.

Lemuel N. Parrnell
Notary Public